

2000 Missouri Older Adult Needs Assessment

**Missouri Area Agencies on Aging
Missouri Department of Health and Senior Services**

March 2003

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Population

- As the “baby boom” generation begins to gray, the older population is expected to double in the United States over the next 30 years.
- Missouri’s age 65 and older population has increased 5% from 1990 to 2000. The state is ranked 14th nationally with 13.5% of the population ages 65 and older. Consistent with the nation, the 85+ age population has had the greatest rate of growth among age cohorts in Missouri, increasing 21% from 1990 to 2000.
- The age of seniors surveyed ranges in years from 60 to 97, with an average of 71 years. Females account for over half of those surveyed and are on average older than the men interviewed. This reflects the longer life expectancy of women.
- Marital status and living arrangement are closely linked to an older adult’s income, health status and the availability of caregivers. Marital status and living arrangement vary among age, sex and race. As age increases, the number of seniors living alone significantly increases. Men are more likely than women to be married at every age level. Minority seniors are less likely than white seniors to be married and more likely to be living with others.
- Household income decreases as age increases. Women are more likely to report incomes under \$10,000, a function of a women’s lifelong economic dependency on her spouse and her greater likelihood of widowhood.

Health Status

- Self-rated health is a simple but informative summary measure of health. Almost 70% of seniors assess their health as good, very good or excellent; 30% feel their health to be fair or poor. As age increases, negative health evaluations increase.

- Self-rated health differs by socioeconomic indicators. The more education received, and the higher the reported income, the better the health rating.
- Almost one-third of seniors, 31%, are limited in activities because of an impairment or health problem.

Functional Status

- Functional limitation and whether a person receives assistance serve as key indicators of an older person’s ability to live independently and remain in the community. Over one-third of seniors, 37%, need help performing one or more everyday activities. As age increases, functional limitations increase. Women are more likely than men to need assistance with their daily activities.
- The majority of seniors are receiving the necessary help with their everyday activities, most often aided by family members. Yet, 14%, or an estimated 120,090 older adults, are not getting help or need more help. Bathing, dressing and toileting are the personal care activities with the most unmet need for assistance. House cleaning is the IADL need that most often goes unmet.

Service Awareness and Use

- Most seniors will talk with their families when they need someone to help with their personal care or day-to-day activities. There is a substantial number of elders though who do not know who they would speak with when they need help.
- One-fourth of older adults would contact the Division of Senior Services or a local Senior Center to find out about aging services in their community; 45% do not know which agency to contact. One-fourth are aware of the information and referral number (1-800-235-5503) operated by the Division of Senior Services.

Highlights

- Almost three-fourths of seniors are aware of home-delivered meals; 69,429 report they are receiving either home delivered meals or meals on wheels. A estimated 19,703 indicate they need meals but are not getting them delivered, or feel the service they are getting does not provide them with enough meals.
- The majority of older adults, 73%, know of a senior center in their community where they can go to eat meals and participate in activities. Fifteen percent visit a center in their community.
- Assistance filling out Medicare, insurance or other forms is thought to be available in the community by half of seniors. Eighteen percent report receiving this help; another 1% could use help with their forms.
- Lack of transportation is a problem for approximately 7.5% of older adults. The problem becomes greater as adults get older.
- Forty percent of seniors report a public transportation system is available where they can walk to a bus stop. Five percent need to use a public transportation system.
- Two-thirds of older adults are aware of a transportation service where you can call in advance. Ten percent use this service, and for most it meets all their transportation needs.
- Over 90% of elders feel they do not need a daily check by someone to be sure they are okay. Four percent receive such a check; another 2% feel they need it but are not receiving it.

Health Care

- Medicare is the most common health care coverage for those ages 65 and older. Those under 65 are most likely to have health insurance through their own or someone else's employer.
- Two percent, or an estimated 21,580 seniors,

do not have health insurance, with almost three-fourths of them under the age of 65.

- Not being able to get an appointment, cost, and limited service times are the most often cited reasons for not being able to see a doctor when needed.

Social Support

- Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. Most seniors, 92%, talk on the telephone at least weekly. Face-to-face interactions occur less frequently but still 82% manage to visit someone outside their home at least once a week.
- Ten percent of older adults, an estimated 94,760 persons, have no one who would care for them if they became sick or disabled. This percentage increases with age. For those who have a potential caregiver, it is most likely to be a family member and someone who is able to care for them as long as needed.
- The majority of older adults own their home (84%), live in a house (82%), and have lived at their current residence for two years or more (92%). Most seniors also consider their neighborhoods to be extremely or quite safe from crime (88%).
- Most older adults have not been discriminated against in the past year because of their age (88%) or their race (94%).
- Only two percent of seniors are aware of older adults in their community who have been abused or neglected. One-third are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

Since 1900 the percentage of Americans age 65 and older has more than tripled. The older population will continue to grow significantly and is expected to double over the next 30 years as the "baby boom" generation begins to "gray".¹ The fastest growing segment of the older population is the group 85 years old and older.

Missouri's age 65 and older population has increased 5% percent from 1990 to 2000. The state is ranked 14th nationally with 13.5% of the population 65 and older. Consistent with the nation, the 85+ age population has had the greatest rate of growth among age cohorts in Missouri, increasing 21% percent from 1990 to 2000.²

In America, and in Missouri as well, one can expect to spend a significant number of years in old age. Quality of life in later years is directly influenced by an older person's health and level of physical and cognitive functioning. Good health, the ability to live independently in the community and affordable health care are concerns not only for the older person but for society as a whole. Younger persons who care for their aging relatives face financial and emotional challenges. For society, the financing of health care services for seniors is a significant outlay of resources.³

In order to effectively address the needs of the older population in Missouri, quality data are needed for assessing functional status, health behaviors and needed assistance. The Missouri Department of Health and Senior Services (formerly the Department of Health and the Division of Aging within the Department of Social Services) and the ten Missouri Area Agencies on Aging (AAA) have conducted a statewide study of older adults, 60 years of age or older, and have targeted minority populations. Analysis of this information will serve as a foundation for program policies to address the needs of this growing population and to improve the quality of life for Missouri's seniors.

Survey Design and Administration

The Missouri Department of Health and Senior Services (DHSS), Division of Chronic Disease Pre-

vention and Health Promotion (CDPHP) designed the needs assessment study, developed the survey questionnaire and conducted the telephone interviews. There were two phases to the study. The first phase sampled the entire state. The second phase targeted minority populations in metro Kansas City, metro St. Louis and the Bootheel region.

The statewide study was designed to provide statewide representation of the population age 60 and older. A disproportionate stratified random sample was used, stratifying by regions that roughly correspond to DHSS districts (See Sampling Regions, pg. 5).

Trained interviewers from the CDPHP placed the calls and interviewed only respondents age 60 or older. Proxy respondents were allowed if the respondent was unable to speak on the telephone because of a hearing problem or physical disability. Interviewing occurred June 23, 2000 through March 8, 2001. A total of 2,757 surveys were completed for the statewide study; 445 targeted interviews were completed.

Analysis

The CDPHP applied the Behavioral Risk Factor Surveillance System (BRFSS) weighting formula to all data collected.⁴ Weighting allows for controlling all known sources of bias and a regional stratification adjustment and post-stratification weight to compensate for non-response and non-coverage of households without telephones. Upon weighting, sample proportions of selected demographic characteristics equal the estimated sample proportions of the population, and the sample size equals Missouri's age 60 and older, non-institutionalized population based on 1990 Census data.

To arrive at current population estimates, sample percentages were applied to the age 60 and older Missouri population obtained from the 2000 Census (excluding the institutionalized, age 65 and older population). These population estimates are noted throughout the report and can be found in the Data Tables section starting on page 23.

Introduction

Chi-square tests and *t*-tests were conducted at the 95% confidence level to determine statistically significant differences. Where noted in the report, a significant difference means statistical significance at the 95% confidence level.

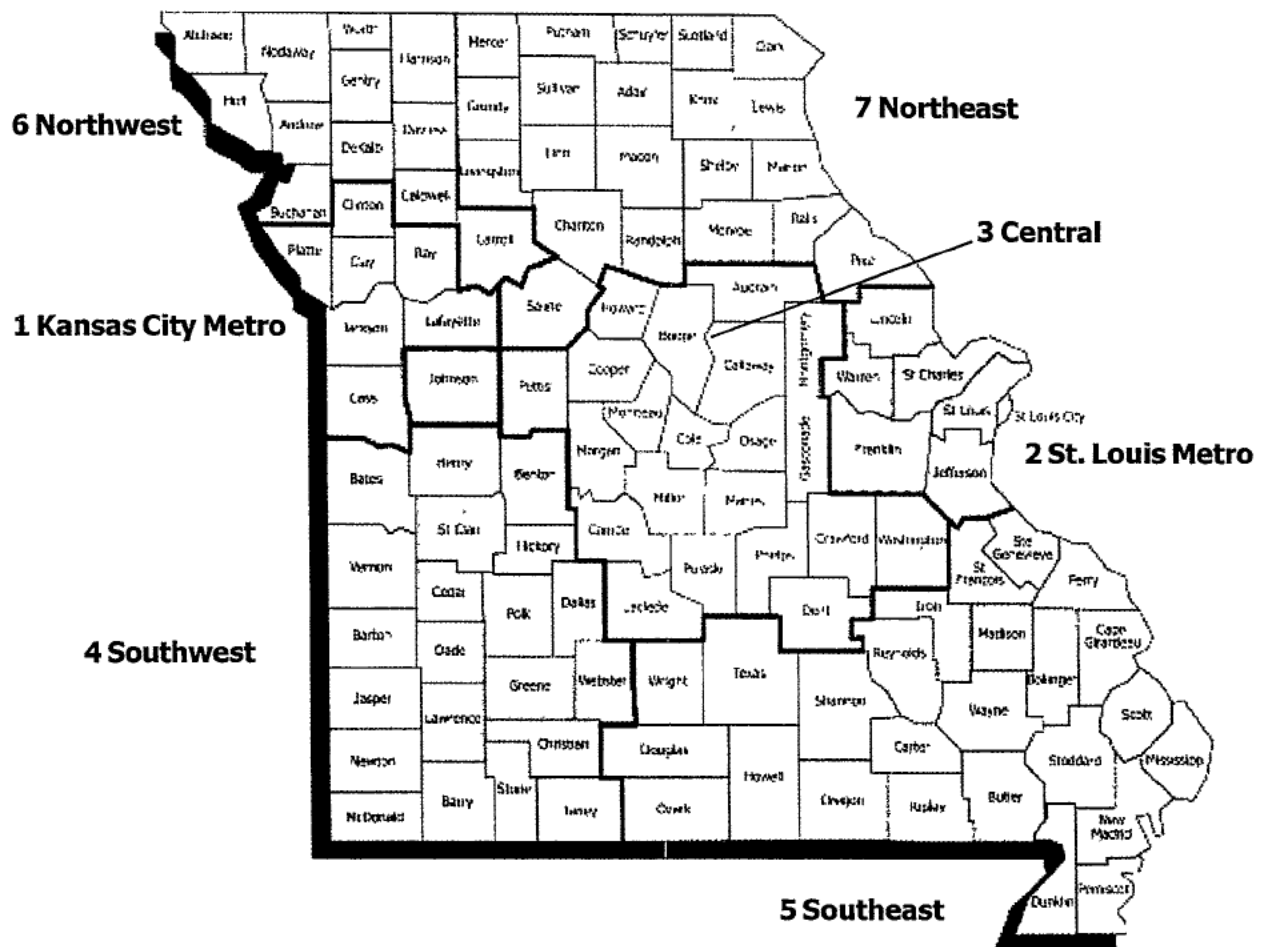
Report Organization

This report is a summary of the data collected from the statewide study. The first section details selected demographic characteristics of the older population surveyed. The second section covers health status measures and health habits while section three presents measures of functional status. The fourth section explains awareness and usage of selected community aging services. Section five highlights health care coverage and the last section covers issues regarding social activity, caregiving, discrimination, abuse and neglect, and neighborhood safety. At the end of the report is a section of data tables that provides supporting data for the report and population estimates based on the 2000 U.S. Census, non-institutionalized, age 60 and older population.

References

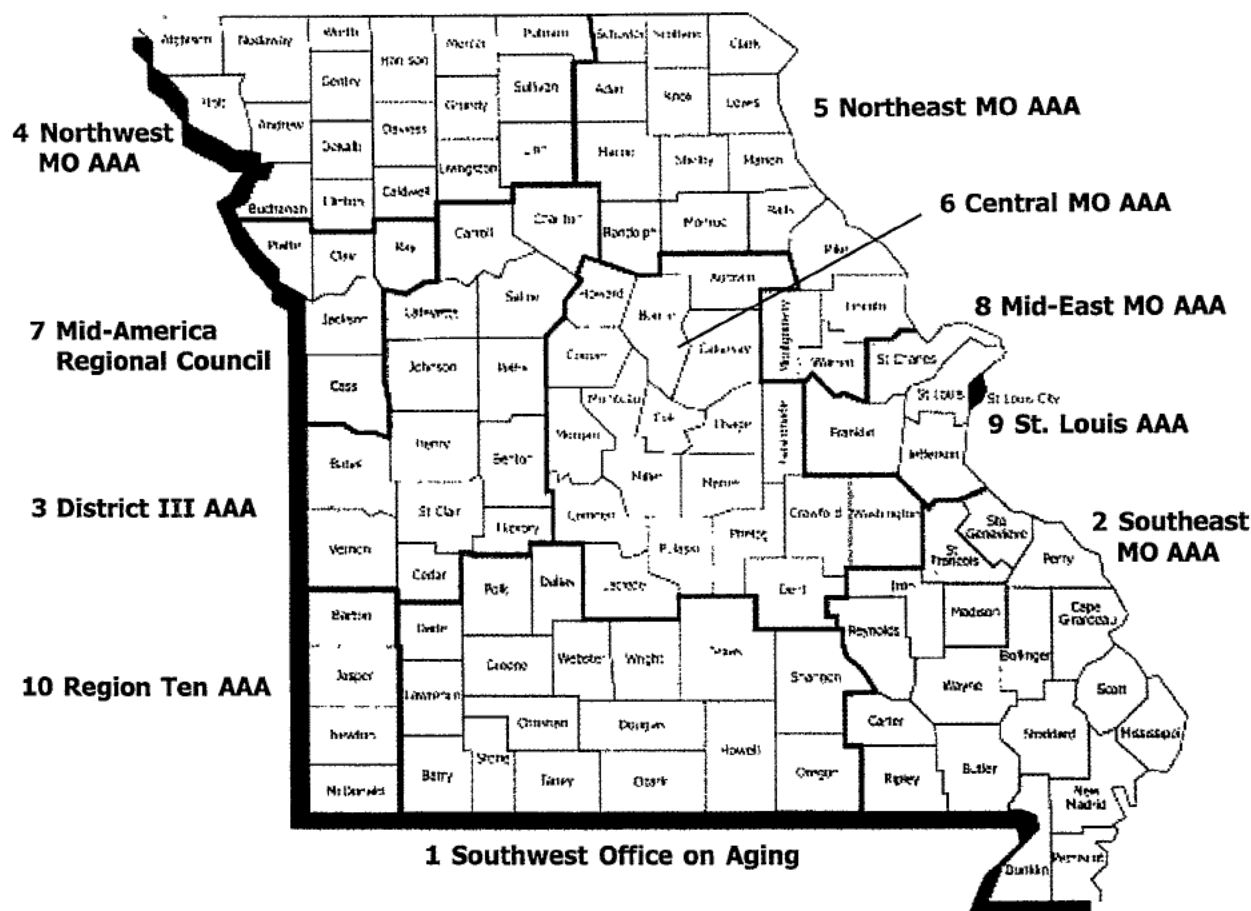
- ¹ A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services
- ² Regional Profiles, OSEDA-Office of Social and Economic Data Analysis, http://www.oseda.missouri.edu/regional_profiles/pchseniorpop_1990_2000.html
- ³ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.
- ⁴ National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Factor Surveillance System, <http://www.cdc.gov/nccdphp/brfss/>, Frequently Asked Questions (FAQs)

Sampling Regions



- 1** Cass, Clay, Clinton, Jackson, Lafayette, Platte, Ray
- 2** Franklin, Jefferson, Lincoln, St. Louis City, St. Louis County, St. Charles, Warren
- 3** Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Washington
- 4** Barry, Barton, Bates, Benton, Cedar, Christian, Dade, Dallas, Greene, Henry, Hickory, Jasper, Lawrence, McDonald, Newton, Polk, St. Clair, Stone, Taney, Vernon, Webster
- 5** Bollinger, Butler, Cape Girardeau, Carter, Douglas, Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Reynolds, Ripley, Ste. Genevieve, St. Francois, Scott, Shannon, Stoddard, Texas, Wayne, Wright
- 6** Andrew, Atchison, Buchanan, Caldwell, Carroll, Daviess, DeKalb, Gentry, Harrison, Holt, Johnson, Nodaway, Worth
- 7** Adair, Chariton, Clark, Grundy, Knox, Lewis, Linn, Livingston, Macon, Marion, Mercer, Monroe, Pike, Putnam, Ralls, Randolph, Saline, Scotland, Schuyler, Shelby, Sullivan

Area Agency on Aging Regions



- 1** Barry, Christian, Dade, Dallas, Douglas, Greene, Howell, Lawrence, Oregon, Ozark, Polk, Shannon, Stone, Taney, Texas, Webster, Wright.
- 2** Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Perry, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Stoddard, Wayne
- 3** Bates, Benton, Carroll, Cedar, Chariton, Henry, Hickory, Johnson, Lafayette, Pettis, Saline, St. Clair, Vernon
- 4** Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Putnam, Sullivan, Worth
- 5** Adair, Clark, Knox, Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Rails, Randolph, Schuyler, Scotland, Shelby, Warren
- 6** Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski, Washington
- 7** Cass, Clay, Jackson, Platte, Ray
- 8** Franklin, Jefferson, St. Charles, St. Louis
- 9** St. Louis City
- 10** Barton, Jasper, McDonald, Newton

Note: See pg. 37 for contact information.

Demographic Characteristics

The age of seniors surveyed ranges in years from 60 to 97, with an average of 71 years. Females account for over half of those surveyed, and are on average older than the men interviewed, 71.8 versus 70.9 years old (Figure 1). This reflects the longer life expectancy of women.

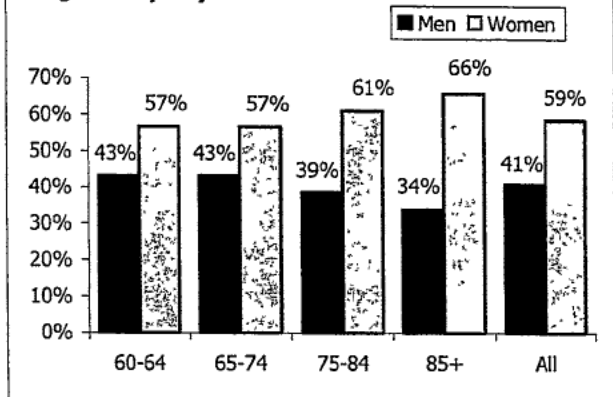
The majority of older adults, 92%, are white; 7% report themselves as black, and 0.6% as another race (Data Tables, pg. 23). Less than 1% consider themselves Hispanic. For analysis purposes, races other than white will be grouped into the category of Other. Minority elders are on average younger than white seniors, and are more likely to reside in the Kansas City and St. Louis metro areas (Data Tables, pg. 23).

Marital Status, Living Arrangement

Marital status and living arrangement impact older adults' well-being as they are closely linked to income, health status, and the availability of potential caregivers. Consistent with U.S. Census data¹ and national health study data², marital status and living arrangement of Missouri's seniors vary considerably by age, sex and race.

Figure 1.

Age Groups by Sex



Living arrangement is defined by marital status and the number of people residing in the household. An assumption was made that if the respondent is married and living with another person, that respondent is living with his/her spouse.

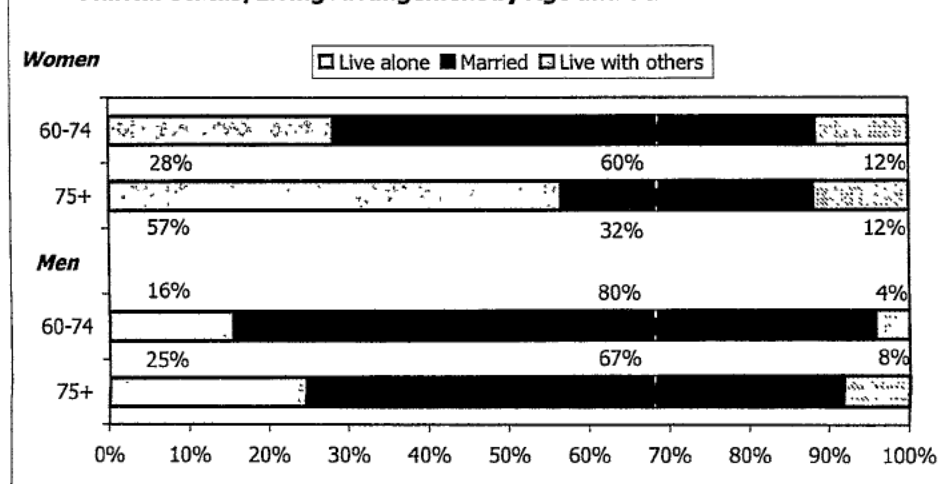
For analysis purposes, marital status and living arrangement are combined into the following categories: married and living with others; living alone; living with others.

The number of seniors living alone increases with age. Only 23% of adults aged 60 to 74 live alone; that percentage jumps to 44% for the 75+ age group (Data Table, pg. 23). Men are more likely than women to be married at each age level, reflecting the fact that men are often outlived by their wives, marry women younger than themselves and re-marry more frequently (Figure 2).

Older minority adults are less likely than white seniors to be married, and more often live with others (Data Tables, pg. 23).

Figure 2.

Marital Status/Living Arrangement by Age and Sex



Population

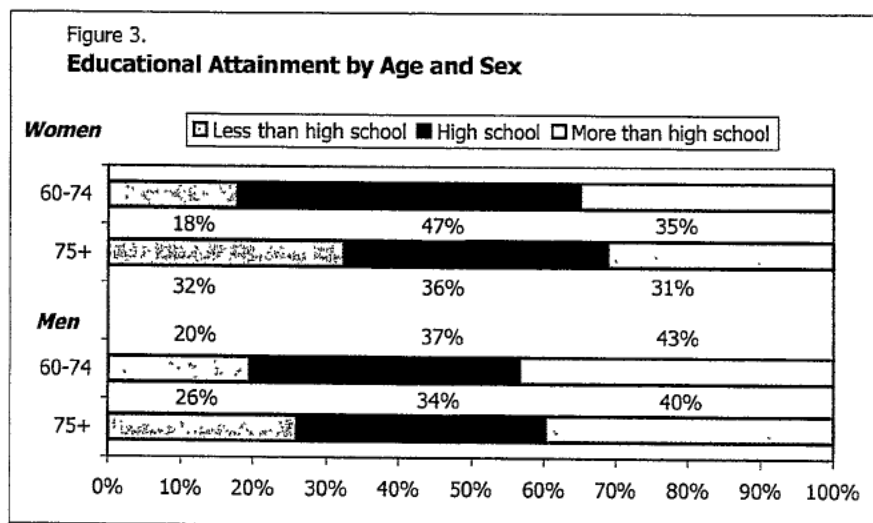
Educational Attainment

Higher levels of education are usually correlated with higher incomes, higher standards of living, and above-average health status among older adults. Thus, education can have an indirect influence on a person's well-being.³

Over three-fourths of older adults have graduated from high school. The older old are least likely to have finished high school (Data Tables, pg. 24).

Women are more likely to have graduated high school while men more often received an education beyond high school (Figure 3). This reflects the prevailing attitudes and educational opportunities at the time when they received most of their formal education; women were expected to remain in the home while men went to college to prepare for a career.

Minority seniors are more likely than white seniors to not have finished high school (Data Tables, pg. 24)

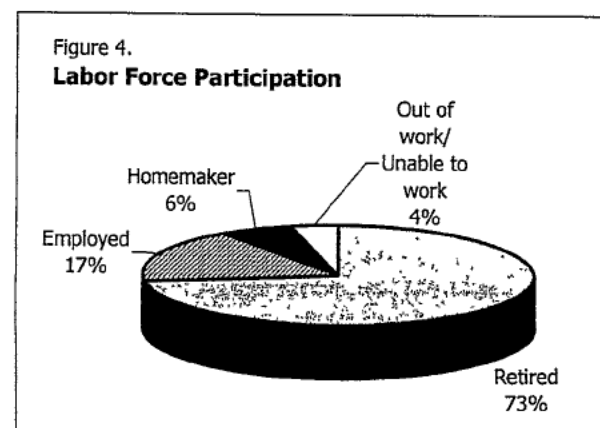


Labor Force Participation

Almost three-fourths of older adults are retired; 17% are employed (Figure 4). Employed seniors, who average 66 years of age, are younger than retirees, who average 73 years of age. Men are more likely than women to be in the work force (Table 1).

Table 1.
Percent Employed by Age and Sex

	Men	Women	ALL
ALL	19%	16%	17%
60-64	38%	35%	36%
65-74	18%	17%	18%
75-84	6%	4%	5%
85+	1%	1%	1%

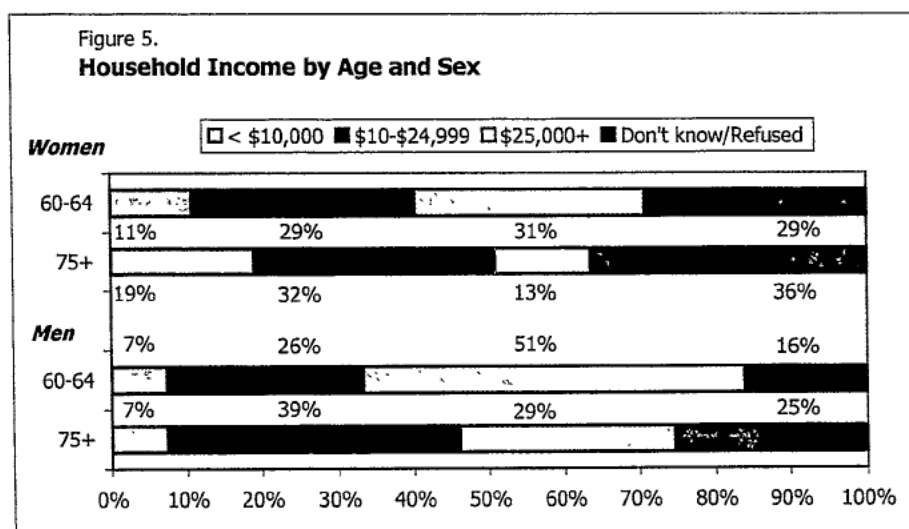


Household Income

An older adult's income has a direct bearing on his or her quality of life. Persons with inadequate income risk lack of food, housing, health care and needed services. Socioeconomic status has been proven to affect a person's health.⁴

Annual household income is less than \$25,000 for 41% of seniors; 11% have incomes of \$50,000 or more (Data Tables pg. 24). One-fourth of respondents either refused to report their income or did not know their income; this is more prevalent among seniors 75 and older and among women.

As age increases, household income decreases for both men and women (Figure 5). Among the younger old, men are more likely than women to report higher incomes. Women are more likely than men to report incomes of under \$10,000 among all age groups, a function of a woman's lifelong economic dependency on her spouse and her greater likelihood of widowhood.



References

¹ Current Population Reports. The Older Population in the United States. U.S. Census Bureau. March 1999.

² National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

³ Federal Interagency Forum on Aging-Related Statistics. Older Americans 2000: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics, Washington, DC: U.S. Government Printing Office. August 2000.

⁴ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vo. 279 Issue 21 06/03/98, 1703-1709.

Health Status

Self-Rated Health

Self-assessed health is one of the simplest but most informative measures of health, summarizing physical, emotional and social aspects of well-being. Research has found self-rated health to highly correlate with mortality, and has demonstrated that older persons who report their health as poor are at increased risk for declines in physical functioning.¹

Almost 70% of seniors assess their health as good, very good or excellent; 30% feel their health to be fair or poor (Data Tables, pg. 25). As age increases, negative health evaluations increase. Around one-fourth of seniors aged 60-74 report their health as fair or poor; that percentage increases to over one-third for the 75+ age group. Similar to findings of national studies, the age pattern and levels of fair and poor health are similar among women and men (Figure 6).

National studies^{1,2} and the 1994 Needs Assessment study have found black seniors to be more likely to report worse health. In this study also, minority elders are more likely than white seniors to assess their health as fair or poor (Figure 7).

Married respondents living with others are less likely to report fair/poor health than those living alone or with others. This is likely associated with age as married seniors tend to be younger than those living alone or with others (Figure 7).

Figure 6.
Percent Who Report Fair or Poor Health
by Age and Sex

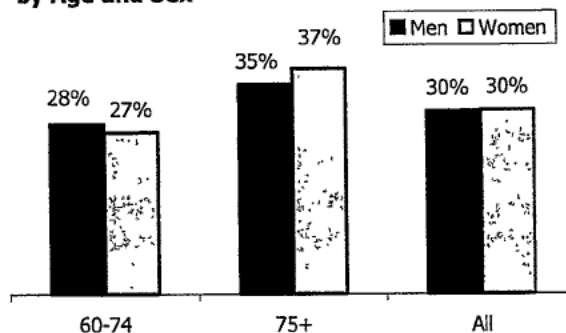
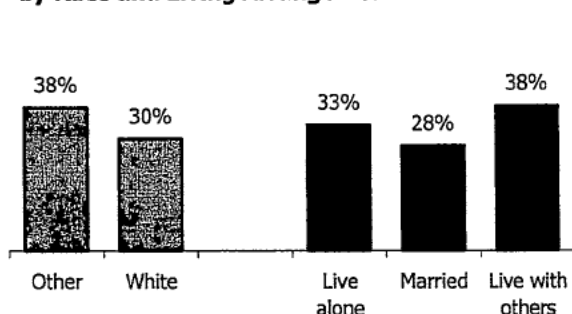
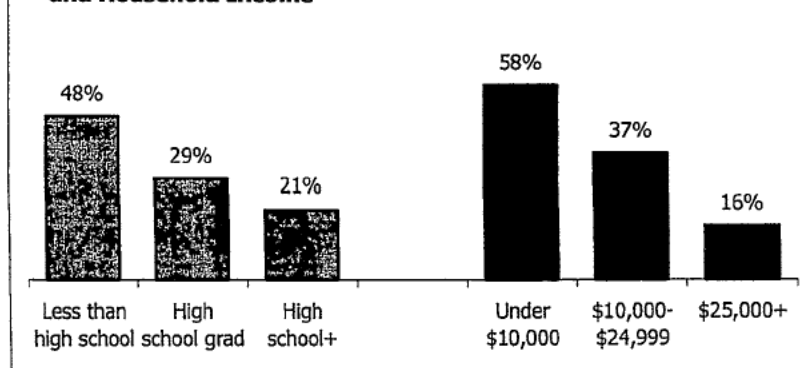


Figure 7.
Percent Who Report Fair or Poor Health
by Race and Living Arrangement



Differences in health outcomes by socioeconomic position have been recognized as a persisting public health problem. The Americans' Changing Lives (ACL) longitudinal study found that lower levels of education and income are associated with a significantly higher prevalence of health risk behaviors, including smoking, being overweight and physical inactivity.³

Figure 8.
Percent Who Report Fair or Poor Health by Education
and Household Income



Seniors' perception of their health also differs significantly in this study by the socioeconomic indicators of educational attainment and household income. The more education received, and the higher the reported income, the better the health rating (Figure 8).

Health Limitations

Chronic diseases such as arthritis affect the quality of life and contribute to disability and the inability to live independently. Almost one-third of seniors, 31%, are limited in activities because of an impairment or health problem. Arthritis (6%), a walking problem (4%), heart problems (3.5%), and lung/breathing problems (3%) are the major afflictions reported as limiting activities (Data Tables, pg. 25).

The older old are more likely to be limited in any way because of an impairment or health problem (Figure 9). Percentages of impairment are similar among men and women.

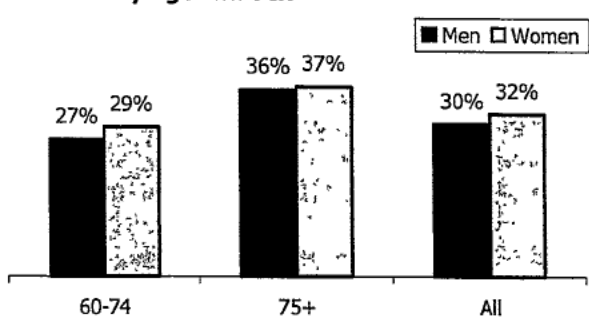
As expected, those rating their health as fair or poor are more likely to indicate their activities are limited because of a health problem than those with a good to excellent self-health rating (Data Tables, pg. 25).

Fourteen percent of elders have trouble learning, remembering or concentrating because of an impairment or health problem (Data Tables, pg. 25).

Survey participants were asked a variety of questions regarding how many days in the past 30 days they felt healthy, and how many days they were affected by poor physical health, poor mental health, and sleep deprivation. (Table 2; Data Tables, pg. 26)

Figure 9.

Percent Who Are Limited by a Health Problem by Age and Sex



Days of Good Health

Three-fourths of seniors have felt very healthy and full of energy at least one day in the past 30 days. Those reporting at least one day of good health average 24 good days.

Days of Poor Health

Almost one-third of seniors have had one or more days in the past 30 where their physical health was not good, averaging 17 poor physical health days. Pain made it hard for almost one-fourth of older adults to do their usual activities at least one day in the past month. On average, pain inhibited activities for an average of 16 days during the month.

Poor mental health days have been experienced by 15% of seniors, who average 14 poor days.

One-fourth of seniors have had at least one day where they felt sad, blue or depressed and average 10 days; 28% have felt worried, tense or anxious and average 10.5 days; one-third did not get enough rest or sleep, averaging 12 days.

Poor physical or mental health has kept an estimated 149,179 seniors from doing their usual activities; they average 17 days of poor overall health.

Table 2.

Percent Who Report At Least 1 Day in the Past 30 Days

	Percent	Estimated Persons	Average # of Days
Felt very healthy & full of energy	76%	710,242	24.2
Physical health was not good	32%	299,296	17.4
Pain made it hard to do activities	22%	210,164	16.0
Mental health was not good	15%	142,611	13.7
Felt sad, blue, depressed	23%	219,547	10.3
Felt worried, tense, anxious	28%	260,829	10.5
Did not get enough rest/sleep	34%	318,999	12.4
Poor health kept you from activities	16%	149,179	17.2

Health Status

Health Habits

Research has shown that physical activity has many health benefits: reducing the risk of certain chronic diseases, relieving symptoms of depression, helping to maintain independent living, and enhancing the overall quality of life. Over 60% of older adults have participated in physical activities or exercised in the past month (Data Table, pg. 27). Participation declines with age (Figure 10).

The most popular activities seniors participate in are walking, gardening, golfing and exercising at home or at a health club. For those who do exercise, they do so several times a week (Data Tables, pg. 27).

Older adults are at a higher risk of contracting and suffering from consequences of the flu or pneumonia. An annual flu shot and a pneumonia vaccination are recommended for adults ages 65 and older. Sixty-one percent have had a flu shot in the past year, with the majority receiving their shot at a doctor's office (Data Tables, pg. 27). Half of the seniors have had a pneumonia vaccination. The likelihood of having had either shot increases with age (Figure 11).

Figure 10.
Percent Who Participated in Physical Activity by Age

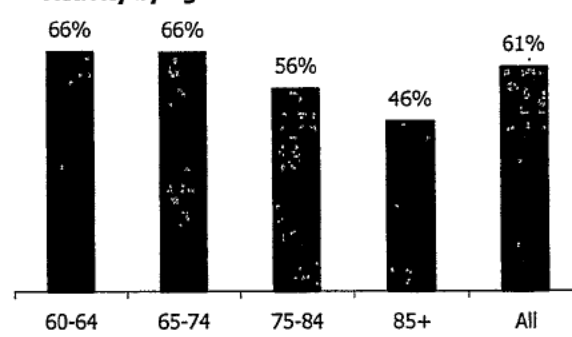
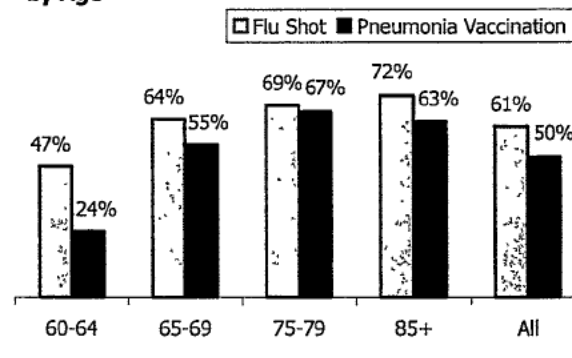


Figure 11.
Percent Who Have Had Vaccinations by Age



References

¹ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

² A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services

³ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vol. 279 Issue 21 06/03/98, 1703-1709.

The functional ability of an older person declines with age. Functional limitation and whether a person receives assistance serve as key indicators of an older person's ability to live independently in the community and have implications for service delivery, quality of life, and life expectancy. Functional status is commonly defined in terms of the ability to perform certain tasks of daily living. Researchers group these tasks into two categories: essential activities of daily living (ADL) and the more complex instrumental activities of daily living (IADL). The ADLs included in this survey are eating, bathing, dressing, toileting, getting in/out of bed, walking, getting around the house, and getting outside. IADLs include light housework, heavy housework, using the telephone, shopping, preparing meals, taking medication and managing money.

For each ADL and IADL, respondents were asked how much difficulty they had performing each task, who helped them if they had difficulty and if it was enough help. Respondents are considered to have difficulty with an ADL or IADL if they report needing some help or are unable to do without help. Consistent with other studies, those who report they do not do an ADL are counted as having difficulty.¹ Because ADLs are fundamental to the existence of the person, it is likely the respondent who "does not do" a specific activity is limited. The percentage of those reporting "doesn't do for other reason" is less than one percent for any given ADL. Unlike ADLs, IADLs are not necessities of life and may not be done for reasons other than disability. Thus, those who report they do not do a specific IADL are not counted as limited.

ADL and IADL Difficulties

Over one-third of seniors, 37%, need some help performing either ADLs or IADLs (Figure 12). Mobility is the most prevalent ADL difficulty; 13% have trouble walking, getting around the house, and/or getting outdoors (Figure 13). Five percent report having difficulty with personal care activities. Overall, 13% report difficulty performing ADLs.

More seniors need help with IADLs than with ADLs. Over one-third, 36%, need assistance per-

Figure 12.

Functional Limitations

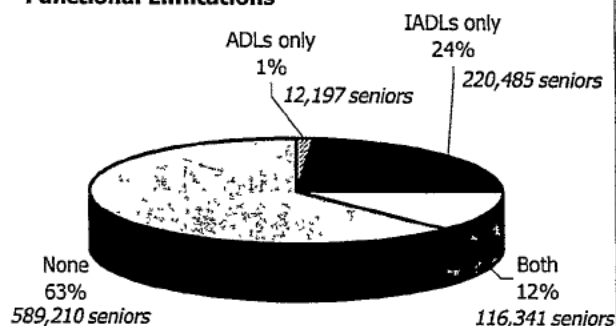
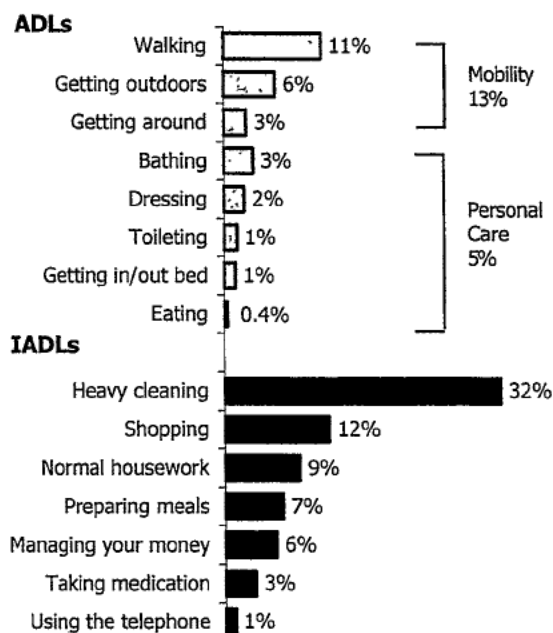


Figure 13.

Percent with ADL and IADL Difficulties

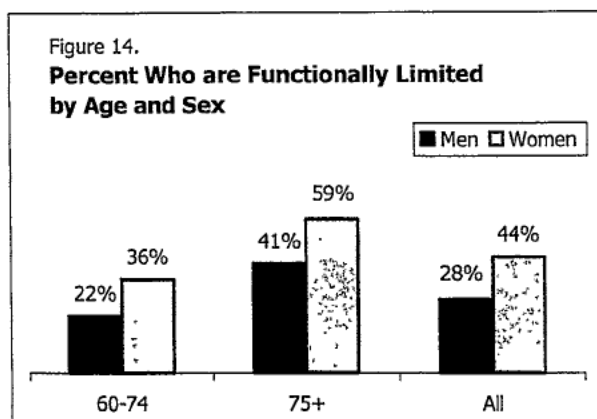


forming one or more instrumental activities of daily living (Figure 12). Help is most often required with cleaning and shopping (Figure 13).

Seniors with functional limitations are on average older than those who are not limited, 74 vs. 70 years old. Women are more likely than men to need assistance with ADLs and/or IADLs (Figure 14).

Functional Status

Figure 14.
Percent Who are Functionally Limited
by Age and Sex



Assistance with Functional Limitations and Unmet Needs

Some seniors are able to overcome their difficulties in performing daily activities through the use of assistive devices; many others require personal assistance. The majority of elders are receiving the necessary assistance and in most cases, it is enough help (Data Tables, pgs. 28-29).

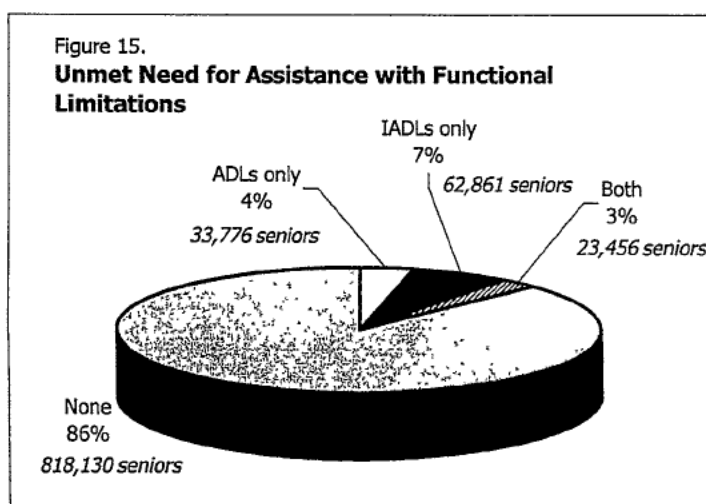
For most, assistance comes from family. Professional help is used more for bathing, normal housework and heavy cleaning. Other help, usually in the form of assistive devices such as a walker or cane, is more often used with toileting, walking, getting in/out of bed and getting outdoors (Data Tables, pgs. 28-29).

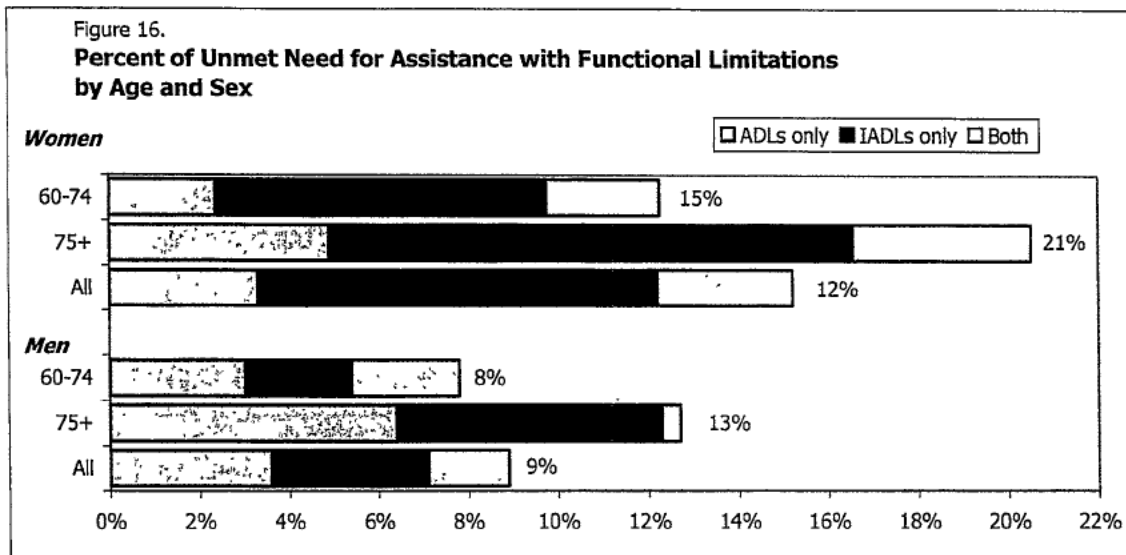
While help is available for most seniors who need it, there are still thousands who are going unaided. These adults may be at risk for institutionalization if the need for assistance goes unmet. Unmet need has been determined for each ADL and IADL where an individual has no one to help when help is needed, or if the help they get is enough help only some of the time, seldom or never.

Overall, 14%, or an estimated 120,090 seniors, are in need of help or need more help with their everyday activities (Figure 15). Seven percent need more help with one or more ADLs, with the majority of elders requiring assistance with walking and getting around. Bathing, dressing and toileting are the personal care activities for which most seniors need some additional assistance. Ten percent of older adults could use additional help with at least one IADL. Cleaning is the need that most often goes unmet (Data Tables, pg. 28-29).

As with ADL and IADL difficulties, unmet need for assistance increases as age increases and women are more likely than men to go unaided (Figure 16). The difference between the sexes for needed IADL assistance is much greater than the need for ADL assistance. This is likely due to the traditional role women have played in the household, where cleaning, shopping and cooking are the woman's responsibility. Thus, men may not need help with these activities because they do not do these activities.

Figure 15.
Unmet Need for Assistance with Functional Limitations





References

¹ Health Data on Older Americans: United States, 1992. National Center for Health Statistics. Vital and Health Statistics 3(27), January 1993.

Service Awareness and Use

Where To Go For Help

Most seniors will talk with their family members when they need someone to help with their personal care and their day-to-day activities (Table 3). Seventeen percent, or an estimated 157,620 persons, don't know with whom they would speak for personal care assistance; 15%, or an estimated 141,670 seniors do not know who to talk to about getting help with day-to-day activities (Data Tables, pg. 30).

One-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services (Figure 17).

Regarding agencies to contact to find out about aging services in the community, awareness is highest for the Division of Senior Services and local Senior Centers. Almost half of seniors do not know which agency to contact for services (Figure 18).

Overall, 8% of older adults, or an estimated 75,000 persons, indicate they have no one to talk to about getting help with personal assistance or day-to-day activities, and do not know what agency to speak with about aging services.

Table 3.
Who Would You Talk to for Help

	With Personal Care	With Day-to-Day Activities
Family	49%	56%
Doctor	15%	7%
Social service agency	8%	7%
Other	12%	15%
Don't know	17%	15%

Figure 17.
Aware of the Toll-Free Information and Referral Number

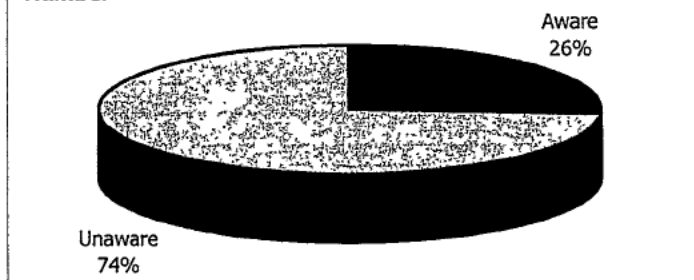
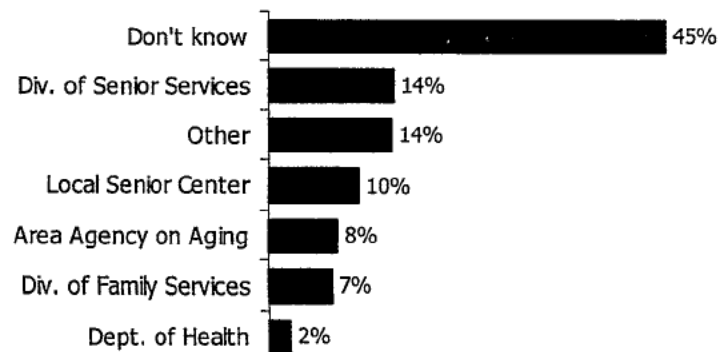


Figure 18.
Agency To Contact About Aging Services



Service Awareness and Use

Home-Delivered Meals

Three-fourths of older adults are aware of the availability of home-delivered meals or Meals on Wheels in their community (Table 4). Awareness increases as age increases and is higher for women (Data Tables, pg. 31).

Based on this survey, 7% of seniors are having meals delivered to their homes (Table 4). This would include home-delivered meals through local senior centers and other community operated meals on wheels programs. As with awareness, use increases with age. Older adults living alone as well as those living with others (versus married couples) are more likely to have meals delivered to them (Data Tables, pg. 31).

Two percent of seniors need home-delivered meals but are not getting them, or feel the service does not provide them with enough meals (Table 4). Reasons for not receiving meals include unavailability, unaffordable or do not like the service. Unmet need increases as age increases, and is greater for minority elders, those with incomes under \$10,000 and those living alone or with others (versus married) (Data Tables, pg. 31).

The vast majority of seniors, 98%, have not been concerned about having enough food for themselves and their families in the past 30 days (Data Tables, pg. 30).

Table 4.
Home-Delivered Meals by Region

	Aware		Receiving		Unmet Need	
	Percent	Persons	Percent	Persons	Percent	Persons
Statewide	73%	685,848	7%	69,429	2%	19,703
KC Metro	76%	123,973	9%	14,518	2%	3,262
St. Louis Metro	71%	225,882	7%	23,224	2%	6,999
Central	75%	77,751	8%	8,616	2%	2,388
Southwest	68%	103,832	6%	8,513	2%	3,649
Southeast	74%	80,699	8%	8,277	2%	2,505
Northwest	77%	31,852	5%	1,944	1%	496
Northeast	79%	40,183	9%	4,680	1%	560

Senior Center

Three-fourths of older adults know of a senior center in their community where they can eat meals and participate in social activities (Table 5). Awareness is higher for women than men, and for white seniors as compared to their minority counterparts (Data Tables, pg. 31).

Fifteen percent report visiting senior centers (Table 5). Attendance increases with age. Those who live alone and lower income elders are more likely to go to a center (Data Tables, pg. 31).

Reasons cited for not going to a senior center include not needing or not interested in the services offered, unavailability, and it's inconvenient (Data Tables, pg. 31).

Table 5.
Senior Center by Region

	Aware		Go To	
	Percent	Persons	Percent	Persons
Statewide	73%	686,787	15%	140,735
KC Metro	63%	102,767	12%	19,738
St. Louis Metro	63%	200,748	9%	29,587
Central	84%	87,301	21%	21,592
Southwest	81%	123,139	16%	24,324
Southeast	87%	94,638	21%	23,197
Northwest	84%	34,789	17%	7,074
Northeast	79%	40,132	25%	12,615

Service Awareness and Use

Assistance Filling Out Forms

Assistance filling out Medicare, insurance or other forms is thought to be available in the community by half of seniors (Table 6).

Not everyone was asked if they currently need help filling out forms due to a survey programming error. *Thus, the data presented here is based on only those seniors asked, so need and receipt of assistance of this service may be underestimated.*

Eighteen percent report receiving help filling out their forms; another 1% could use this help (Table 6). The older old and lower income individuals are more likely to receive help filling out their forms (Data Tables, pg. 32).

Reasons for not getting assistance with forms include unavailability and not liking the service provided or it doesn't meet the need (Data Tables, pg. 32).

Table 6.

Assistance Filling Out Forms by Region

	Available		Receive		Unmet Need	
	Percent	Persons	Percent	Persons	Percent	Persons
Statewide	50%	472,869	18%	84,441	1%	5,629
KC Metro	43%	70,469	23%	15,823	1%	816
St. Louis Metro	49%	155,254	15%	23,224	1%	1,909
Central	52%	54,083	18%	9,654	1%	737
Southwest	56%	84,677	21%	17,939	0.3%	304
Southeast	58%	62,729	20%	12,197	1%	545
Northwest	47%	19,442	16%	3,061	2%	331
Northeast	52%	26,501	13%	3,357	3%	865

Transportation

Lack of transportation is a problem for almost 8% of seniors when they want to go somewhere (Data Tables, pg. 33). The problem becomes greater as adults get older: only 5% of elders 60-74 years old feel lack of transportation is a problem; the percentage increases to 12% for those age 75 and older. Women more often than men, minority seniors more often than white seniors, and lower income individuals more than higher income seniors in general find lack of transportation a problem (Data Tables, pg. 33).

A public transportation system where they can walk to a bus stop is reported to be available

by 40% of seniors (Table 7). Five percent need to use public transportation when they want to go someplace. Less than one-fourth of those who use public transportation report that it does not meet their needs for such reasons as the destination is outside the service area and the day/hour/timing of the service (Data Tables, pg. 32).

Table 7.

Public Transportation

	Available		Need to Use		Doesn't meet my needs	
	Percent	Persons	Percent	Persons	Percent	Persons
Statewide	40%	372,479	5%	48,788	1%	11,259
KC Metro	51%	83,356	4%	6,851	2%	3,915
St. Louis Metro	60%	189,931	7%	22,588	1%	4,454
Central	24%	25,329	5%	5,502	1%	1,453
Southwest	27%	40,742	4%	6,081	0.4%	608
Southeast	16%	17,425	5%	5,119	0.6%	653
Northwest	36%	14,974	4%	1,655	0.3%	124
Northeast	14%	6,969	2%	1,221	0.5%	254

Service Awareness and Use

Two-thirds of seniors are aware of the availability of a transportation service where you can call in advance (Table 8). Ten percent report using this service and for most, it meets all their transportation needs. Reasons it doesn't meet all transportation needs include the day/hour/timing of the service and the destination is outside the service area (Data Tables, pg. 33).

Table 8.

Transportation Service

	Available		Use		Doesn't meet my needs	
	Percent	Persons	Percent	Persons	Percent	Persons
Statewide	67%	631,431	10%	91,947	2%	15,950
KC Metro	53%	86,618	9%	13,865	2%	2,773
St. Louis Metro	70%	223,018	11%	34,359	2%	5,727
Central	74%	77,232	11%	11,003	3%	3,010
Southwest	66%	100,032	9%	13,682	1%	2,128
Southeast	65%	70,353	8%	8,712	2%	1,851
Northwest	77%	31,769	13%	5,336	1%	579
Northeast	80%	40,539	10%	5,087	0.5%	254

Daily Check

Over 90% of seniors feel they do not need a daily check by someone to be sure they are okay. Four percent of older adults are receiving such a check and another 2% believe they need it but are not receiving it (Table 9).

As with most services, receipt of a daily check increases as age increases. Women, minority elders, lower income individuals and those living alone are more likely to have someone check on them each day (Data Tables, pg. 33).

Table 9.

Daily Check by Region

	Receive		Unmet Need	
	Percent	Persons	Percent	Persons
Statewide	4%	36,591	2%	15,012
KC Metro	4%	6,851	1%	1,468
St. Louis Metro	3%	9,862	3%	8,272
Central	3%	2,803	2%	1,557
Southwest	5%	8,057	1%	1,824
Southeast	5%	5,554	2%	1,851
Northwest	4%	1,820	0.2%	83
Northeast	3%	1,577	0.5%	254

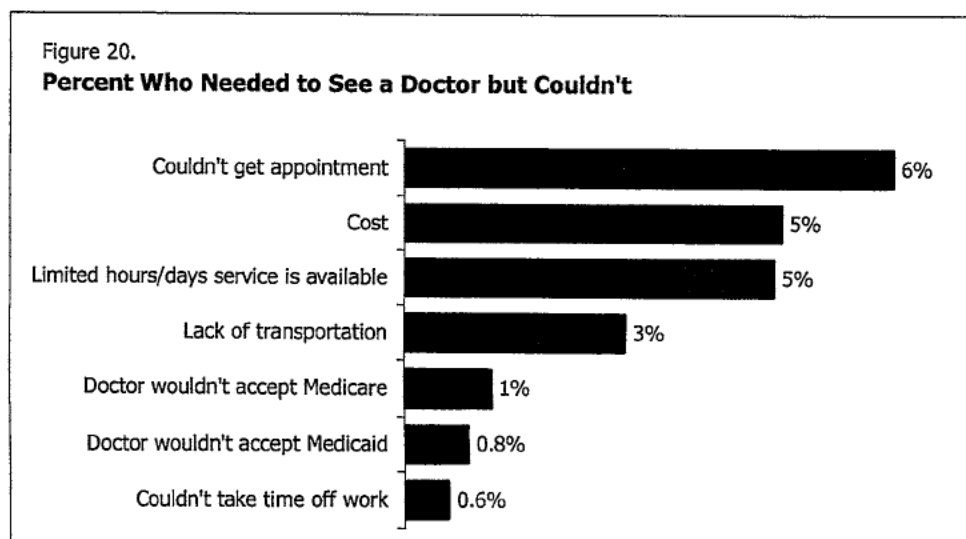
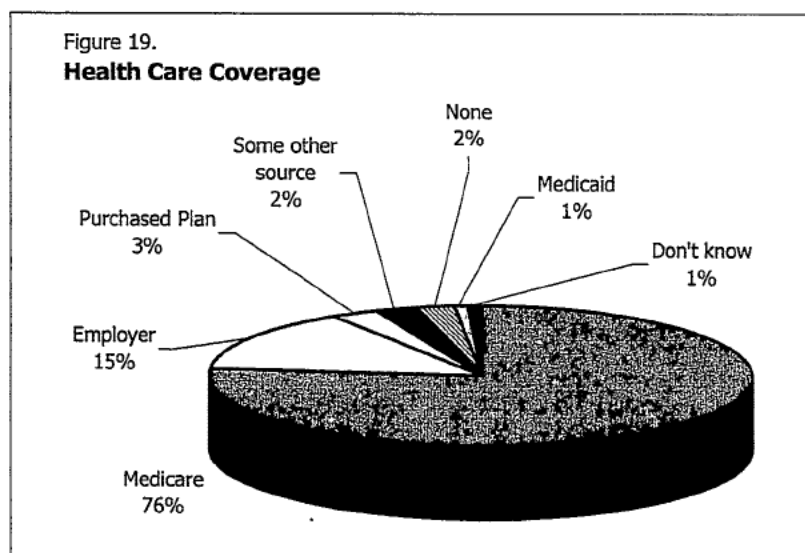
Health Care

Health Care Coverage

Medicare is the most common health care coverage for those age 65 and older. The youngest old are most likely to be covered by their employer or someone else's employer. Two percent, or an estimated 21,580 seniors, report having no health insurance. Almost three-fourths of the uninsured are under age 65 (Data Table, pg. 34).

Inability to See a Doctor

Survey participants were asked if there was a time in the past 12 months when they needed to see a doctor but could not for various reasons. Not being able to get an appointment, cost, and limited service times are the most popular reasons for not being able to see a doctor when necessary (Figure 20).



Social Activity

Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. The vast majority of seniors, 92%, talk on the telephone at least weekly (Figure 21). Face-to-face interactions occur less frequently but still a majority, 82%, manage to visit someone outside their home at least once a week (Figure 22).

Figure 21.
Talk on the Telephone

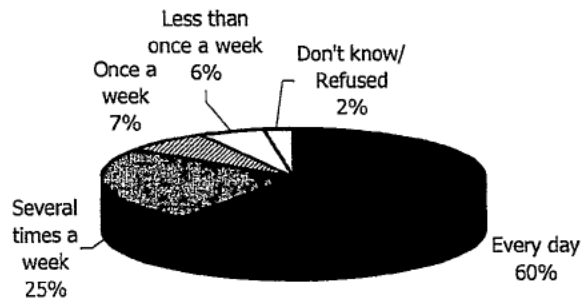
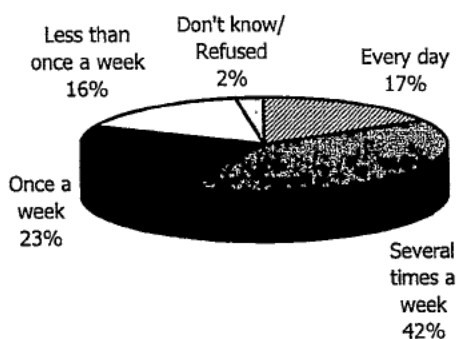


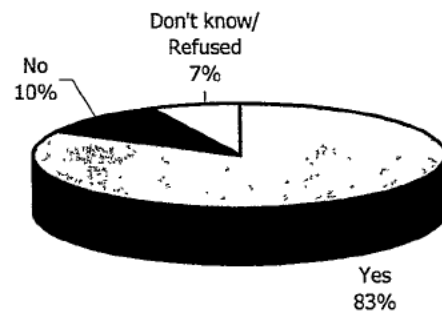
Figure 22.
Visit Someone



Caregiving

Only 7% of older adults say they have no close friends who would help with their emotional problems or feelings. Ten percent, an estimated 94,760 persons, have no one who would care for them if they became sick or disabled (Figure 23). Women more than men and lower income individuals are more likely to report not having a potential caregiver. Seniors living alone compared to those living with a spouse are also more likely to say they would have no one to care for them (Data Tables, pg. 35).

Figure 23.
Have a Potential Caregiver

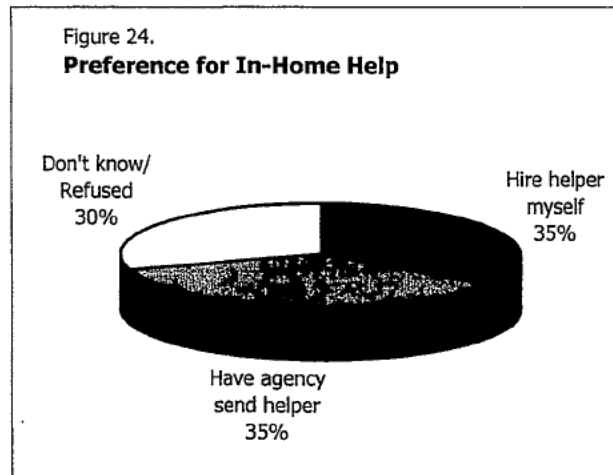


Traditionally, families have cared for older adults. Smaller family sizes, geographic mobility, increased number of women in the workforce and the increased longevity of older adults have been affecting the network of potential caregivers.¹ Family caregivers are an essential part of the health care economy. The estimated value of informal caregiving is an estimated \$196 billion.² With the shrinking number of potential caregivers, increases are likely in in-home care expenses as well as the institutionalization rate and subsequent nursing home care expenses.

For those who would have a caregiver, over two-thirds say the person would be able to care for them as long as needed. This person is most likely to be a child, spouse or other relative (Data Tables, pg. 35).

Social Support

If seniors need help at home, there is no preference between hiring someone themselves or having an agency send a helper (Figure 24).



Discrimination

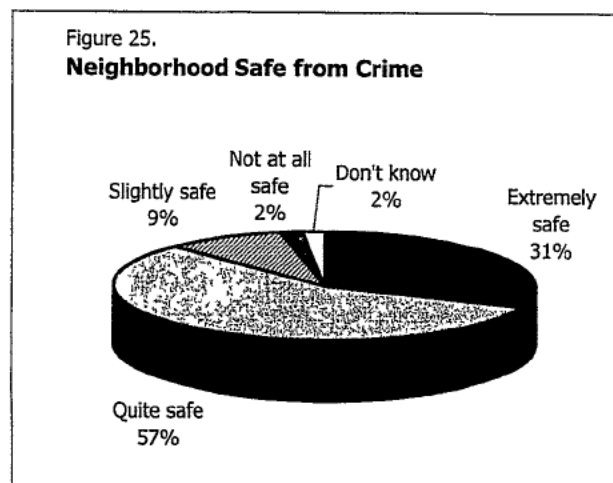
The majority of older adults have not been discriminated against in the past year because of their age (88%) or their race (94%). Of those who experienced racial or ethnic discrimination (3.4%), less than 6% report it prevented them from receiving needed services (Data Tables, pg. 36). A total of 2.5% of respondents didn't know or refused to answer if they had experienced racial or ethnic discrimination.

Abuse & Neglect

Only two percent of seniors are aware of older adults in their community who have been abused or neglected. One-third are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210) (Data Tables, pg. 36).

Housing & Neighborhood Safety

Around 84% of older adults own their home, 82% live in a house, and 92% have lived at their current residence for at least two years. Only two percent are considering moving within the next two years where they can get more help (Data Tables, pg. 36). The majority of seniors, 88%, consider their neighborhoods to be extremely or quite safe from crime (Figure 25).



References

- ¹ Internet Information Note: Caregiving for the Elderly - National Aging Information Center; www.aoa.gov/naic/Notes/caregivingforelderly.html.
- ² Family Caregiver Alliance Fact Sheet: Selected Caregiver Statistics; www.caregiver.org/factsheets/caregiver_statsC.html.

Data Tables

Note: Population estimates are determined by applying the sample percentages to the age 60 and older population, excluding the age 65+, institutionalized population. Because the estimates are based on rounded sample percentages, they may not add to the total population.

Population of the Sample

	Percent
	100.0%
Age	
60-64	22.6%
65-69	22.7%
70-74	19.9%
75-79	16.8%
80-84	11.4%
85+	6.2%
Don't know/Refused	0.4%
Sex	
Male	41.1%
Female	58.9%
Race	
White	91.7%
Black	7.3%
Asian, Pacific Islander	0.1%
American Indian, Alaska Native	0.1%
Other	0.4%
Refused	0.4%
Hispanic	
Yes	0.9%
No	98.4%
Don't know/Refused	0.7%
Marital Status	
Married	61.4%
Widowed	26.6%
Divorced	8.0%
Never been married	2.8%
Separated	0.9%
Member of an unmarried couple	0.2%
Refused	0.3%
Household Size	
One	30.3%
Two	58.8%
Three	7.3%
Four or more	3.3%
Refused	0.3%
Living Arrangement	
Live alone	30.3%
Live with spouse	52.7%
Live with spouse/others	7.8%
Live with others	9.1%
Don't know/Refused	0.1%
Marital Status/ Living Arrangement	
Live alone	30.3%
Married, live with spouse	60.5%
Live with others	9.2%

Percent of Race by Age and Region

	White	Other	Refused
ALL	91.8%	7.9%	0.4%
Age			
60-64	89.0%	10.8%	0.3%
65-74	91.8%	7.8%	0.4%
75-84	93.1%	6.4%	0.6%
85+	95.1%	4.9%	0.0%
60-74	90.8%	8.9%	0.4%
75+	93.4%	6.1%	0.5%
Average Age	71.6	69.7	72.2
Region			
Kansas City metro	87.5%	11.9%	0.7%
St. Louis metro	85.2%	14.3%	0.5%
Central	96.9%	2.6%	0.6%
Southwest	98.6%	1.4%	0.0%
Southeast	96.0%	3.9%	0.2%
Northwest	98.8%	0.9%	0.2%
Northeast	97.8%	2.2%	0.0%

Percent of Marital Status/Living Arrangement by Age Groups, Sex and Race

	Live alone	Married	Live with others
ALL	30.3%	60.5%	9.2%
Age			
60-64	18.5%	73.8%	7.7%
65-74	24.9%	66.1%	9.0%
75-84	40.7%	48.7%	10.6%
85+	61.5%	28.0%	10.5%
60-74	22.6%	68.7%	8.6%
75+	44.4%	45.0%	10.5%
Average Age	74.5	69.7	72.6
Sex			
Male	18.4%	76.2%	5.4%
Female	38.6%	49.5%	11.9%
Race			
White	30.1%	62.0%	7.9%
Other	32.4%	43.2%	24.4%

Data Tables

Population of the Sample

	Percent
	100.0%
Education	
No school	0.2%
Grades 1 through 8	11.1%
Grades 9 through 11	11.3%
Grade 12 or GED	40.2%
College 1-3 years	20.5%
College degree or more	16.4%
Refused	0.3%
Employment Status	
Employed for wages	14.0%
Self-employed	3.0%
Out of work > 1 year	0.6%
Out of work < 1 year	0.2%
Homemaker	5.9%
Student	0.1%
Retired	72.6%
Unable to work	3.6%
Refused	0.1%
Household Income	
Less than \$10,000	11.2%
\$10,000-\$14,999	10.7%
\$15,000-\$19,999	11.0%
\$20,000-\$24,999	8.4%
\$25,000-\$34,999	10.6%
\$35,000-\$49,999	10.7%
\$50,000-\$74,999	6.2%
\$75,000 or more	4.5%
Don't know	10.9%
Refused	15.9%
Region	
Kansas City metro	17.2%
St. Louis metro	32.5%
Central	11.4%
Southwest	14.6%
Southeast	12.3%
Northwest	5.5%
Northeast	6.6%

**Percent of Educational Attainment
by Age Groups, Sex and Race**

	Less than High School	High School	More than High School
ALL	22.5%	40.2%	37.0%
Age			
60-74	18.6%	42.7%	38.6%
75+	29.8%	35.4%	34.2%
Average Age	73.5	70.8	70.9
Sex			
Male	21.5%	36.1%	42.0%
Female	23.3%	43.1%	33.5%
Race			
White	21.6%	40.9%	37.3%
Other	33.9%	34.1%	32.0%

**Percent of Household Income
by Age Groups, Sex and Race**

	Less than \$10,000	\$10,000- \$24,999	\$25,000+	Don't know/ Refused
ALL	11.2%	30.1%	32.0%	26.7%
Age				
60-74	9.3%	27.9%	39.2%	23.5%
75+	14.7%	34.4%	18.6%	32.3%
Average Age	73.5	72.4	68.8	72.7
Sex				
Male	7.4%	30.0%	43.7%	19.0%
Female	13.9%	30.2%	23.8%	32.1%
Race				
White	10.6%	29.5%	33.4%	26.5%
Other	19.3%	37.7%	16.7%	26.4%
Living Arrangement				
Live alone	22.1%	36.7%	16.5%	24.8%
Married	4.8%	26.9%	42.3%	26.0%
Live with others	18.0%	29.2%	15.3%	37.6%

Health Status

	Percent	Persons
	100.0%	938,233
Self-rated health (Q1)		
Excellent	13.5%	126,661
Very Good	25.7%	241,126
Good	30.3%	284,285
Fair	20.4%	191,400
Poor	9.8%	91,947
Don't know/Refused	0.3%	2,815
Excellent, Very Good, Good	69.5%	652,072
Fair, Poor	30.2%	283,346
Don't know/Refused	0.3%	2,446
Limited in activities because of any impairment/health problem (Q94)		
Yes	30.8%	288,976
No	69.0%	647,381
Don't know/Refused	0.2%	1,876
Major impairment/health problem (Q95)		
Arthritis/Rheumatism	5.9%	55,356
Walking problem	4.4%	41,282
Heart problem	3.5%	32,838
Lung/breathing problem	2.7%	25,332
Back/neck problem	2.4%	22,518
Eye/vision problem	1.7%	15,950
Fractures, bone/joint injury	1.2%	11,259
Diabetes	1.3%	12,197
Stroke problem	0.9%	8,444
Cancer	0.6%	5,629
Hearing problem	0.7%	6,568
Hypertension/High blood press	0.3%	2,815
Depression/anxiety/emotional	0.1%	938
Other impairment/problem	5.0%	46,912
Have no impairment	69.2%	649,257
Have trouble learning, remembering, concentrating (Q96)		
Yes	14.4%	135,106
No	85.4%	801,251
Don't know/Refused	0.2%	1,876

Percent of Health Limitations by Selected Demographics

	Limited	Not Limited
ALL	30.8%	69.2%
Age		
60-74	27.9%	72.1%
75+	36.6%	63.4%
Average Age	72.4	71.0
Sex		
Male	29.6%	70.4%
Female	31.6%	68.4%
Race		
White	30.5%	69.5%
Other	31.9%	68.1%
Education		
< High School	40.3%	59.7%
High School	28.5%	71.5%
> High School	27.5%	72.5%
Income		
< \$10,000	43.7%	56.3%
\$10-\$24,999	34.6%	65.4%
\$25,000+	22.4%	77.6%
Don't know/Refused	31.1%	68.9%
Self-Rated Health		
Excellent	5.7%	94.3%
Very Good	14.0%	86.0%
Good	27.5%	72.5%
Fair	48.7%	51.3%
Poor	82.0%	18.0%

Data Tables

Health Status

	Percent	Persons		Percent	Persons
	100.0%	938,233		100.0%	938,233
Days of poor physical health (Q2)			Days felt sad, blue or depressed (Q98)		
None	65.0%	609,851	None	72.9%	683,972
1-7 days/1 week	10.7%	100,391	1-7 days/1 week	13.4%	125,723
8-14 days/2 weeks	3.3%	30,962	8-14 days/2 weeks	2.9%	27,209
15-21 days/3 weeks	3.7%	34,715	15-21 days/3 weeks	3.0%	28,147
22-29 days/4 weeks	0.7%	6,568	22-29 days/4 weeks	0.4%	3,753
30 days/All month	13.4%	125,723	30 days/All month	3.6%	33,776
Don't know/Refused	3.2%	30,023	Don't know/Refused	3.8%	35,653
Days of poor mental health (Q3)			Days felt worried, tense or anxious (Q99)		
None	82.1%	770,289	None	67.6%	634,246
1-7 days/1 week	6.8%	63,800	1-7 days/1 week	16.7%	156,685
8-14 days/2 weeks	2.1%	19,703	8-14 days/2 weeks	2.9%	27,209
15-21 days/3 weeks	1.6%	15,012	15-21 days/3 weeks	2.4%	22,518
22-29 days/4 weeks	0.5%	4,691	22-29 days/4 weeks	0.5%	4,691
30 days/All month	4.2%	39,406	30 days/All month	5.2%	48,788
Don't know/Refused	2.7%	25,332	Don't know/Refused	4.7%	44,097
Days poor physical/mental health limited activities (Q4)			Days did not get enough rest or sleep (Q100)		
None	82.9%	777,795	None	63.5%	595,778
1-7 days/1 week	5.2%	48,788	1-7 days/1 week	17.1%	160,438
8-14 days/2 weeks	1.6%	15,012	8-14 days/2 weeks	4.4%	41,282
15-21 days/3 weeks	2.7%	25,332	15-21 days/3 weeks	3.5%	32,838
22-29 days/4 weeks	0.5%	4,691	22-29 days/4 weeks	1.1%	10,321
30 days/All month	5.8%	54,418	30 days/All month	7.8%	73,182
Don't know/Refused	1.3%	12,197	Don't know/Refused	2.6%	24,394
Days where pain made it hard to do activities (Q97)			Days felt very healthy & full of energy (Q101)		
None	75.1%	704,613	None	18.1%	169,820
1-7 days/1 week	8.2%	76,935	1-7 days/1 week	6.2%	58,170
8-14 days/2 weeks	2.7%	25,332	8-14 days/2 weeks	4.2%	39,406
15-21 days/3 weeks	3.3%	30,962	15-21 days/3 weeks	11.4%	106,959
22-29 days/4 weeks	0.5%	4,691	22-29 days/4 weeks	13.7%	128,538
30 days/All month	7.8%	73,182	30 days/All month	40.2%	377,170
Don't know/Refused	2.5%	23,456	Don't know/Refused	6.2%	58,170

Health Status

	Percent	Persons
	100.0%	938,233
Participate in physical activities/exercise (Q123)		
Yes	61.3%	575,137
No	38.0%	356,529
Don't know/Refused	0.6%	5,629
Type of physical activity/exercise (Q124)		
Walking	37.2%	349,023
Gardening	8.2%	76,935
Golf	2.7%	25,332
Home/Health Club exercise	2.7%	25,332
Mowing lawn	1.2%	11,259
Aerobics class	1.0%	9,382
Bowling	0.9%	8,444
Biking (pleasure)	0.6%	5,629
Weight lifting	0.6%	5,629
Swimming laps	0.5%	4,691
Dance -- aerobics/ballet	0.4%	3,753
Calisthenics	0.4%	3,753
Bicycling machine	0.3%	2,815
Carpentry	0.3%	2,815
Running	0.3%	2,815
Fish (bank/boat)	0.2%	1,876
Hunting	0.2%	1,876
Other	3.9%	36,591
None	38.7%	363,096
Distance usually walk/run (Q125)		
Do not walk/run/jog	62.0%	581,704
Less than 1 mile	10.7%	100,391
1 mile	8.2%	76,935
1.1-1.5 miles	4.7%	44,097
1.6-2.0 miles	7.2%	67,553
2.1-3.0 miles	2.8%	26,271
3.1-6.0 miles	1.3%	12,197
Don't know/Refused	3.2%	30,023
Frequency of physical activity/exercise (Q126)		
Do not participate	38.7%	363,096
Every day	12.2%	114,464
1-3 times a week	28.2%	264,582
4-6 times a week	16.6%	155,747
1-4 times a month	2.8%	26,271
Don't know/Refused	1.5%	14,073

	Percent	Persons
	100.0%	938,233
Duration of physical activity (Q127)		
Do not participate	38.7%	363,096
20 minutes or less	11.0%	103,206
21-30 minutes	16.5%	154,808
31-60 minutes	17.4%	163,253
1-2 hours	5.2%	48,788
More than 2 hours	7.1%	66,615
Don't know/Refused	4.1%	38,468
Flu shot in past year (Q91)		
Yes	61.3%	575,137
No	38.4%	360,281
Don't know	0.3%	2,815
Where received flu shot (Q92)		
A doctor's office or HMO	34.2%	320,876
Another type of clinic	5.6%	52,541
A store	5.1%	47,850
A health department	4.3%	40,344
Hospital/emergency room	3.8%	35,653
Senior, rec/community center	2.7%	25,332
Workplace	2.0%	18,765
Other	3.5%	32,838
Did not get a flu shot	38.7%	363,096
Had pneumonia vaccination (Q93)		
Yes	50.3%	471,931
No	46.9%	440,031
Don't know/Refused	2.8%	26,271

Data Tables

Functional Status: Activities of Daily Living

(Q5-Q33, Q46-Q49)	<i>EATING</i>		<i>BATHING</i>		<i>DRESSING/ GROOMING</i>		<i>TOILETING</i>	
	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	938,233	100.0%	938,233	100.0%	938,233	100.0%	938,233
Need help to do								
Without help	99.7%	935,418	96.6%	906,333	97.6%	915,715	98.5%	924,160
With help	0.3%	2,815	3.4%	31,900	2.4%	22,518	1.5%	14,073
Who helps								
No one	0.0%	381	0.1%	938	0.2%	1,876	0.3%	2,815
Professional	0.1%	938	1.3%	12,197	0.3%	2,815	0.1%	938
Spouse	0.0%	385	0.9%	8,444	0.8%	7,506	0.3%	2,815
Other family member	0.1%	938	0.6%	5,629	0.6%	5,629	0.2%	1,876
Non-relative	0.0%	190	0.3%	2,815	0.4%	3,753	0.3%	2,815
Other	0.0%	0	0.2%	1,876	0.1%	938	0.3%	2,815
Do not need help	99.7%	935,418	96.6%	906,333	97.6%	915,715	98.5%	924,160
Enough help								
All/Most of the time	0.2%	1,876	2.6%	24,394	1.9%	17,826	1.0%	9,382
Some of the time/Seldom	0.1%	938	0.7%	6,568	0.3%	2,815	0.2%	1,876
Never	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Have no help	0.0%	381	0.1%	938	0.2%	1,876	0.3%	2,815
Do not need help	99.7%	935,418	96.6%	906,333	97.6%	915,715	98.5%	924,160

	<i>GETTING IN/OUT OF BED</i>		<i>WALKING</i>		<i>GETTING AROUND HOUSE</i>		<i>GETTING OUTDOORS</i>	
	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	938,233	100.0%	938,233	100.0%	938,233	100.0%	938,233
Need help to do								
Without help	98.7%	926,036	88.6%	831,274	97.4%	913,839	94.0%	881,939
With help	1.3%	12,197	11.4%	106,959	2.6%	24,394	6.0%	56,294
Who helps								
No one	0.0%	0	2.9%	27,209	0.5%	4,691	0.4%	3,753
Professional	0.1%	938	0.3%	2,815	0.1%	938	0.5%	4,691
Spouse	0.5%	4,691	0.8%	7,506	0.5%	4,691	1.5%	14,073
Other family member	0.2%	1,876	0.7%	6,568	0.5%	4,691	2.2%	20,641
Non-relative	0.3%	2,815	0.1%	938	0.0%	0	0.3%	2,815
Other	0.1%	938	6.6%	61,923	1.0%	9,382	1.2%	11,259
Do not need help	98.7%	926,036	88.6%	831,274	97.4%	913,839	94.0%	881,939
Enough help								
All/Most of the time	1.1%	10,321	7.2%	67,553	2.0%	18,765	4.6%	43,159
Some of the time/Seldom	0.1%	938	1.2%	11,259	0.1%	938	0.8%	7,506
Never	0.0%	161	0.1%	938	0.0%	0	0.1%	938
Have no help	0.0%	0	2.9%	27,209	0.5%	4,691	0.4%	3,753
Do not need help	98.7%	926,036	88.6%	831,274	97.4%	913,839	94.0%	881,939

Functional Status: Instrumental Activities of Daily Living (IADLs)

(Q34-Q45, Q50-Q65)	NORMAL HOUSEWORK		HEAVY CLEANING		USING THE TELEPHONE		SHOPPING	
	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	938,233	100.0%	938,233	100.0%	938,233	100.0%	938,233
Need help to do								
Without help	91.3%	856,607	67.9%	637,060	98.9%	927,912	87.9%	824,707
With help	8.7%	81,626	32.1%	301,173	1.1%	10,321	12.1%	113,526
Who helps								
No one	0.5%	4,691	2.7%	25,332	0.1%	938	0.2%	1,876
Professional	2.0%	18,765	4.8%	45,035	0.0%	0	0.5%	4,691
Spouse	2.3%	21,579	7.5%	70,367	0.4%	3,753	4.4%	41,282
Other family member	1.8%	16,888	8.9%	83,503	0.4%	3,753	5.6%	52,541
Non-relative	1.3%	12,197	5.9%	55,356	0.0%	0	1.1%	10,321
Other	0.7%	6,568	2.3%	21,579	0.2%	1,876	0.4%	3,753
Do not need help	91.3%	856,607	67.9%	637,060	98.9%	927,912	87.9%	824,707
Enough help								
All/Most of the time	6.7%	62,862	24.4%	228,929	0.9%	8,444	10.5%	98,514
Some of the time/Seldom	1.3%	12,197	4.5%	42,220	0.1%	938	1.4%	13,135
Never	0.0%	0	0.5%	4,691	0.0%	0	0.0%	0
Don't know/Refused	0.0%	0	0.1%	938	0.0%	0	0.1%	938
Have no help	0.5%	4,691	2.7%	25,332	0.1%	938	0.2%	1,876
Do not need help	91.3%	856,607	67.9%	637,060	98.9%	927,912	87.9%	824,707

	PREPARING MEALS		TAKING MEDICATIONS		MANAGING MONEY	
	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	938,233	100.0%	938,233	100.0%	938,233
Need help to do						
Without help	93.3%	875,371	96.5%	905,395	94.1%	882,877
With help	6.7%	62,862	3.5%	32,838	5.9%	55,356
Who helps						
No one	0.3%	2,815	0.0%	0	0.0%	0
Professional	0.6%	5,629	0.1%	938	0.2%	1,876
Spouse	3.1%	29,085	0.3%	2,815	2.4%	22,518
Other family member	1.7%	15,950	0.1%	938	3.0%	28,147
Non-relative	0.6%	5,629	0.0%	0	0.3%	2,815
Other	0.5%	4,691	0.0%	0	0.1%	938
Do not need help	93.3%	875,371	96.5%	905,395	94.1%	882,877
Not asked	NA	NA	3.1%	29,085	NA	NA
Enough help						
All/Most of the time	5.7%	53,479	0.4%	3,753	5.5%	51,603
Some of the time/Seldom	0.6%	5,629	0.0%	0	0.3%	2,815
Never	0.1%	938	0.0%	0	0.1%	938
Don't know/Refused	0.0%	0	0.0%	0	0.0%	0
Have no help	0.3%	2,815	0.0%	0	0.0%	0
Do not need help	93.3%	875,371	96.5%	905,395	94.1%	882,877
Not asked	NA	NA	3.1%	29,085	NA	NA

Data Tables

Service Awareness and Use

	Percent	Persons
	100.0%	938,233
Talk to about getting help with personal care (Q66)		
Child/Family	24.9%	233,620
Spouse	21.4%	200,782
Physician	14.5%	136,044
Social service agency	7.7%	72,244
Other relative	2.7%	25,332
Friend/Neighbor	1.9%	17,826
Clergy/Minister/Priest/Rabbi	0.9%	8,444
Other	6.7%	62,862
No one else, decide by myself	1.3%	12,197
Does not need assistance	1.3%	12,197
Don't know/Refused	16.8%	157,623
Talk to about getting help with day-to-day activities (Q67)		
Child/Family	29.9%	280,532
Spouse	23.4%	219,547
Social service agency	6.9%	64,738
Physician	6.6%	61,923
Friend/Neighbor	3.3%	30,962
Other Relative	3.1%	29,085
Clergy/Minister/Priest/Rabbi	0.9%	8,444
Other	6.9%	64,738
No one else, decide by myself	1.6%	15,012
Does not need assistance	2.2%	20,641
Don't know/Refused	15.1%	141,673
Agency would contact about aging services in community (Q68)		
MO Division of Senior Services	14.1%	132,291
Local Senior Center	10.1%	94,762
MO Div of Family Services	7.2%	67,553
Area Agency on Aging	7.7%	72,244
MO Dept of Health	2.3%	21,579
MO Dept of Mental Health	0.1%	938
Other	13.7%	128,538
Don't know	44.7%	419,390
Aware of toll-free number for information and referral (Q69)		
Yes	26.1%	244,879
No	72.5%	680,219
Don't know	1.4%	13,135

	Percent	Persons
	100.0%	938,233
Home-delivered meals available in community (Q68)		
Yes	73.1%	685,848
No	6.7%	62,862
Don't know/Refused	20.1%	188,585
Need/Receiving home-delivered meals (Q69-Q70)		
Need it & am not receiving it	1.8%	16,888
Need it & am receiving it	2.5%	23,456
Not need it but am receiving	5.0%	46,912
Do not need this service	90.7%	850,977
Why not receiving home-delivered meals (Q71)		
Not available	0.3%	2,815
Cannot afford	0.2%	1,876
Don't like service provided	0.1%	938
Service doesn't meet needs	0.3%	2,815
Other	0.8%	7,506
Don't know/Refused	0.2%	1,876
Am receiving service	7.4%	69,429
Do not need service	90.7%	850,977
Provide with enough meals (Q72)		
Yes	2.2%	20,641
No	0.3%	2,815
Do not need service	97.5%	914,777
Concerned about having enough food (Q142)		
Yes	2.0%	18,765
No	96.9%	909,148
Don't know/Refused	1.1%	10,321

Service Awareness and Use

Percent Aware of, Receiving & Needing Home-Delivered Meals by Selected Demographics

	Aware	Receiving	Unmet Need
All	73.1%	7.4%	2.1%
Age			
60-74	71.8%	5.9%	1.5%
75+	76.2%	10.2%	3.2%
Average Age	71.8	73.8	75.0
Sex			
Male	69.5%	6.6%	1.9%
Female	75.7%	8.0%	2.2%
Race			
White	74.0%	7.4%	1.8%
Other	64.9%	7.9%	5.7%
Income			
< \$10,000	71.9%	10.3%	6.1%
\$10-\$24,999	73.0%	7.2%	2.0%
\$25,000+	76.7%	4.8%	0.7%
Don't know/Refused	69.6%	9.7%	2.1%
Living Arrangement			
Live alone	76.2%	10.0%	3.9%
Married	71.7%	5.8%	0.9%
Live with others	72.6%	9.8%	3.9%

Percent Aware Of & Go To Senior Center by Selected Demographics

	Percent	Persons
	100.0%	938,233
Senior center in community (Q73)		
Yes	73.2%	686,787
No	8.5%	79,750
Don't know/Refused	18.3%	171,697
Go to a Senior Center (Q74)		
Yes	15.0%	140,735
No	84.9%	796,560
Don't know/Refused	0.1%	938
Why not go to a Senior Center (Q75)		
Don't need services offered	25.4%	238,311
Not available	26.8%	251,446
Not interested in services	12.4%	116,341
Not convenient	4.9%	45,973
No transportation	1.7%	15,950
Not old enough to go	1.4%	13,135
Don't feel welcome/belong	0.4%	3,753
Services needed not offered	0.3%	2,815
Other	10.2%	95,700
Don't know	1.6%	15,012
I go to a Senior Center	15.0%	140,735

	Aware	Go To
ALL	73.2%	15.0%
Age		
60-74	71.1%	10.4%
75+	77.3%	23.7%
Average Age	71.8	75.6
Sex		
Male	70.7%	14.8%
Female	75.0%	15.2%
Race		
White	74.6%	15.3%
Other	53.8%	12.9%
Income		
< \$10,000	76.5%	18.7%
\$10-\$24,999	77.1%	17.3%
\$25,000+	74.2%	11.9%
Don't know/Refused	66.3%	14.5%
Living Arrangement		
Live alone	75.2%	19.9%
Married	73.2%	13.5%
Live with others	66.5%	8.8%

Data Tables

Service Awareness and Use

	Percent	Persons		Percent	Persons
	100.0%	938,233		100.0%	938,233
Assistance filling out forms available in community (Q76)			How often lack of transportation a problem (Q80)		
Yes	50.4%	472,869	Always	2.5%	23,456
No	8.4%	78,812	Nearly always	0.9%	8,444
Don't know/Refused	41.2%	386,552	Sometimes	4.1%	38,468
Need/Receiving assistance with forms (Q77-Q78)			Seldom	4.4%	41,282
Need it & am not receiving it	0.6%	5,629	Never	87.7%	822,830
Need it & am receiving it	4.3%	40,344	Don't know/Refused	0.3%	2,815
Not need it but am receiving	4.7%	44,097	How often need to use public transportation (Q81)		
Do not need this service	40.8%	382,799	Always	1.4%	13,135
Not asked	49.6%	465,364	Nearly always	1.1%	10,321
Why not receiving assistance with forms (Q79)			Sometimes	2.7%	25,332
Not available	0.1%	938	Seldom	6.2%	58,170
Service doesn't meet needs	0.1%	938	Never	88.5%	830,336
Other	0.4%	3,753	Don't know/Refused	0.2%	1,876
Receiving assistance with forms	9.0%	84,441	Public transportation system available (Q82)		
Don't need service	40.8%	382,799	Yes	39.7%	372,479
Not asked	49.6%	465,364	No	54.8%	514,152
			Don't know	5.4%	50,665
Percent Receiving & Needing Assistance Filling Out Forms by Selected Demographics			Public transportation meet all transportation needs (Q83)		
			Yes	7.1%	66,615
			No	1.2%	11,259
			Don't use public transportation	91.3%	856,607
			Don't know	0.4%	3,753
			Why public transportation doesn't meet all needs (Q84)		
			Day/Hour/Timing of service	0.3%	2,815
			Destination outside area served	0.4%	3,753
			Physically unable to get to	0.1%	938
			Other	0.4%	3,753
			Use public trans/meets needs	7.1%	66,615
			Don't use public transportation	91.3%	856,607
			Don't know/Refused	0.4%	3,753

Note: Percentages for **Receiving** & **Unmet Need** are based on those who were asked the question.

Data Tables

Service Awareness and Use

	Percent	Persons
	100.0%	938,233
Transportation service available where can call in advance (Q85)		
Yes	67.3%	631,431
No	9.4%	88,194
Don't know	23.3%	218,608
Transportation service meet all transportation needs (Q86)		
Yes	7.5%	70,367
No	1.7%	15,950
Don't use a service	90.2%	846,286
Don't know	0.6%	5,629
Why transportation service doesn't meet all needs (Q87)		
Day/Hour/Timing of service	0.5%	4,691
Destination outside service area	0.2%	1,876
Not disability-accessible	0.1%	938
Other	0.7%	6,568
Use service & meets my needs	7.5%	70,367
Don't use service	90.2%	846,286
Don't know	0.8%	7,506
Need a daily check by someone (Q138-Q139)		
Need it & am not receiving it	1.6%	15,012
Need it & am receiving it	3.9%	36,591
Do not need this service	93.2%	874,433
Don't know/Refused	1.3%	12,197

Percent For Whom Lack of Transportation is a Problem Always, Nearly Always or Sometimes by Selected Demographics

	Lack of transportation is a problem
ALL	7.6%
Age	
60-74	5.4%
75+	11.9%
Average Age	75.1
Sex	
Male	3.8%
Female	10.2%
Race	
White	7.2%
Other	11.7%
Income	
< \$10,000	17.8%
\$10-\$24,999	8.9%
\$25,000+	2.1%
Don't know/Refused	8.3%
Living Arrangement	
Live alone	12.4%
Married	3.9%
Live with others	15.8%

Percent Receiving & Needing a Daily Check by Selected Demographics

	Receive	Unmet Need
ALL	3.9%	1.6%
Age		
60-74	2.5%	1.0%
75+	6.3%	2.8%
Average Age	76.1	76.5
Sex		
Male	2.5%	1.2%
Female	4.9%	1.9%
Race		
White	3.5%	1.4%
Other	8.8%	3.6%
Income		
< \$10,000	10.1%	3.4%
\$10-\$24,999	4.7%	1.2%
\$25,000+	0.9%	0.8%
Don't know/Refused	4.0%	2.2%
Living Arrangement		
Live alone	8.4%	3.0%
Married	1.4%	0.8%
Live with others	5.6%	1.8%

Data Tables

Health Care

	Percent	Persons		Percent	Persons
	100.0%	938,223		100.0%	938,233
Health coverage use to pay for most of medical care (Q117-120)			Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicaid (Q122c)		
Medicare	76.3%	715,864	Yes	0.8%	7,506
Through your employer	9.9%	92,884	No	97.7%	916,644
Through someone else's employer	4.7%	44,096	Don't know/Refused	1.5%	14,073
A plan that you buy on your own	2.8%	26,270	Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicare (Q122d)		
Some other source	1.2%	11,259	Yes	1.1%	10,320
Military, CHAMPUS, TriCare	1.2%	11,259	No	98.1%	920,397
Medicaid or Medical Assistance	0.7%	6,568	Don't know/Refused	0.8%	7,506
None	2.3%	21,579	Time during the last 12 months when needed to see a doctor but could not because of limited hours/days service is available (Q122e)		
Don't know/Refused	0.8%	7,506	Yes	4.7%	44,096
Time during the last 12 months when needed to see a doctor but could not because of the cost (Q121)			No	94.3%	884,744
Yes	4.8%	45,035	Don't know/Refused	1.0%	9,382
No	94.9%	890,374	Time during the last 12 months when needed to see a doctor but could not take time off work (Q122f)		
Don't know/Refused	0.3%	2,815	Yes	0.5%	4,691
Time during the last 12 months when needed to see a doctor but could not because of the lack of transportation (Q122a)			No	98.8%	926,964
Yes	2.8%	26,270	Don't know/Refused	0.6%	5,629
No	96.8%	908,200	Time during the last 12 months when needed to see a doctor but could not because of other reasons (Q122g)		
Don't know/Refused	0.4%	3,753	Yes	2.0%	18,764
Time during the last 12 months when needed to see a doctor but could not because could not get an appointment (Q122b)			No	97.2%	911,953
Yes	6.2%	58,170	Don't know/Refused	0.8%	7,506
No	93.3%	875,362			
Don't know/Refused	0.4%	3,753			

Health Care Coverage by Age Groups, Race and Income

	Medicare	Through Employer	Other	Have no coverage
ALL	76.3%	14.6%	5.9%	2.3%
Age				
60-74	14.1%	58.4%	7.8%	7.4%
75+	94.5%	1.9%	2.4%	0.8%
Race				
White	77.1%	14.4%	5.8%	2.1%
Other	67.2%	17.9%	7.5%	5.7%
Income				
< \$10,000	83.9%	1.5%	5.7%	6.8%
\$10-\$24,999	83.2%	8.0%	5.4%	3.2%
\$25,000+	67.3%	24.6%	7.9%	0.5%

	Percent	Persons
	100.0%	938,233
Talk on the telephone (Q132)		
Every day	59.7%	560,125
Several times a week	24.9%	233,620
Once a week	7.2%	67,553
Less than once a week	3.4%	31,900
Almost never	2.3%	21,579
Don't know/Refused	2.4%	22,518
Visit someone who does not live with you (Q133)		
Every day	16.8%	157,623
Several times a week	42.3%	396,873
Once a week	22.7%	212,979
Less than once a week	10.1%	94,762
Almost never	5.7%	53,479
Don't know/Refused	2.4%	22,518
Number of close friends who would help with emotional problems (Q134)		
None	7.2%	67,553
One	5.4%	50,665
Two	12.2%	114,464
Three or more	64.9%	608,913
Don't know/Refused	10.3%	96,638
Someone who would care for you (Q135)		
Yes	82.9%	777,795
No	10.1%	94,762
Don't know/Refused	7.0%	65,676
Length of time could provide care (Q136)		
No one to care for me	17.1%	160,438
As long as needed	57.7%	541,360
Only for a short time	12.4%	116,341
Only now and again	3.5%	32,838
Don't know/Refused	9.3%	87,256
Relationship to caregiver (Q137)		
No one to care for me	17.1%	160,438
Spouse	30.5%	286,161
Child	31.1%	291,790
Grandchild	0.6%	5,629
Other relative	5.3%	49,726
Friend/Neighbor	3.7%	34,715
Other	2.1%	19,703
Don't know/Refused	0.4%	3,753

	Percent	Persons
	100.0%	938,233
Other(s) in household limited by impairment/health problem (Q140)		
Yes	16.2%	151,994
No	52.6%	493,511
No others in household	30.3%	284,285
Don't know/Refused	0.9%	8,444
Caregiver for another person (Q141)		
Yes	9.9%	92,885
No	58.9%	552,619
No others in household	30.3%	284,285
Don't know/Refused	0.9%	8,444
Preference if needed help at home (Q143)		
In-home service agency	35.3%	331,196
Find and hire by oneself	34.8%	326,505
Don't know/Refused	29.9%	280,532

Percent with No Possible Caregiver

	No Caregiver
ALL	10.0%
Age	
60-74	9.0%
75+	11.9%
Sex	
Male	6.9%
Female	12.3%
Race	
White	10.2%
Other	7.7%
Income	
Less than \$10,000	20.4%
\$10,000+	8.7%
Fair or Poor Health	
Yes	16.1%
No	7.5%
Functionally Limited	
Yes	15.5%
No	6.8%
Living Arrangement	
Live alone	18.7%
Married	5.7%
Live with others	10.9%

Social Support

Data Tables

Social Support

	Percent	Persons		Percent	Persons
	100.0%	938,233		100.0%	938,233
Own or rent (Q129)			Discriminated against because of age (Q145)		
Own	83.9%	787,177	Most of the time	0.7%	6,568
Rent	12.9%	121,032	Some of the time	1.8%	16,888
Other	2.1%	19,703	Seldom	6.4%	60,047
Don't know/Refused	1.2%	11,259	Never	88.3%	828,460
Type of housing (Q130)			Don't know/Refused	2.8%	26,271
House	82.2%	771,228	Discriminated against because of race (Q146)		
Apartment	5.9%	55,356	Most of the time	0.3%	2,815
Mobile home	3.8%	35,653	Some of the time	1.0%	9,382
Condo	2.5%	23,456	Seldom	2.1%	19,703
Duplex	1.7%	15,950	Never	94.1%	882,877
Retirement home	1.7%	15,950	Don't know/Refused	2.5%	23,456
Other	1.4%	13,135	Racial or ethnic discrimination prevented receipt of needed services (Q147)		
Refused	0.8%	7,506	Yes	0.2%	1,876
Time lived at current residence (Q131)			No	3.0%	28,147
1-5 months	1.9%	17,826	Don't know/Refused	0.3%	2,815
6-11 months	2.2%	20,641	No discrimination	96.5%	905,395
12-23 months	3.2%	30,023	Know of elder abuse/neglect in community (Q148)		
2 or more years	91.9%	862,236	Yes	2.1%	19,703
Refused	0.9%	8,444	No	96.0%	900,704
Considering moving to a place where can get more help (Q144)			Don't know/Refused	1.9%	17,826
Within the next six months	0.9%	8,444	Kind of abuse/neglect (Q149) (More than one response accepted)		
Within one year	0.3%	2,815	Physical	0.8%	7,506
In one or two years	0.7%	6,568	Emotional	1.4%	13,135
Sometime in the future	10.4%	97,576	Financial	0.6%	5,629
Not considering moving at all	84.7%	794,683	Do not know of any abuse	97.9%	918,530
Don't know/Refused	3.1%	29,085	Aware of abuse/neglect hotline (Q90)		
Neighborhood safe from crime (Q128)			Yes	32.5%	304,926
Extremely safe	31.0%	290,852	No	66.0%	619,234
Quite safe	56.6%	531,040	Don't know/Refused	1.5%	14,073
Slightly safe	9.2%	86,317			
Not at all safe	1.6%	15,012			
Don't know/Refused	1.7%	15,950			

Missouri Information & Referral Network

Website: www.dhss.state.mo.us/Senior_Services/index.html

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**2000 Missouri Older Adult Needs Assessment
Kansas City Metro**

**Missouri Area Agencies on Aging
Missouri Department of Health and Senior Services**

March 2003

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Population

- As the “baby boom” generation begins to gray, the older population is expected to double in the United States over the next 30 years.
- Missouri’s age 65 and older population has increased 5% from 1990 to 2000; the 85+ age group increased 21%. In the Kansas City metro area, the age 65 and older population has seen a 7% growth rate, and the 85+ age cohort has experienced a 19% increase over the past ten years.
- The age of seniors surveyed ranges in years from 60 to 94, with an average of 71 years. While women account for the majority in each age group, the average age among men and women does not significantly differ.
- Marital status and living arrangement are closely linked to an older adult’s income, health status and the availability of caregivers. Marital status and living arrangement vary considerably among age, sex and race. The number of seniors living alone increases with age. Men are more likely than women to be married; older minority adults are less likely than white seniors to be married and more likely to live with others.
- Household income decreases as age increases. Men are more likely than women to report incomes of \$25,000 or more.

Health Status

- Self-rated health is a simple but informative summary measure of health. Almost three-fourths of seniors assess their health as good, very good or excellent; 26% rate their health as fair or poor. As age increases, negative health evaluations increase.
- Self-rated health differs by socioeconomic indicators. The more education received and the higher the reported income, the better the health rating.

- Over one-fourth of seniors, 29%, are limited in activities because of an impairment or health problem. As expected, those who rate their health as fair or poor are more likely to indicate they are limited by a health problem.

Functional Status

- Functional limitation and whether a person receives assistance serve as key indicators of an older person’s ability to live independently and remain in the community. Over one-third, 39%, need help in performing one or more everyday activities. As age increases, functional limitations increase. Women are more likely than men to need help.
- The majority of seniors are receiving the necessary help with their everyday activities, most often aided by family members. Yet, there are 14% not getting help or who need more help. Walking is the most likely activity of daily living (ADL) where assistance is not being received. Heavy house cleaning is the instrumental activity of daily living (IADL) need that most often goes unmet.

Service Awareness and Use

- Most seniors will talk with their families when they need someone to help with their personal care or day-to-day activities. There is a substantial number of elders though who do not know who they would speak with when they need help.
- Fourteen percent of older adults would contact the Division of Senior Services to find out about aging services in their community; 45% do not know which agency to contact. Over one-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services.

Highlights

- Three-fourths of seniors are aware of home-delivered meals; 9% report receiving either home delivered meals or meals on wheels. Two percent believe they need meals but are not having them delivered, or feel the service they are getting does not provide them with enough meals.
- The majority of older adults, 63%, know of a senior center in their community where they can go to eat meals and participate in activities. Twelve percent say they visit a center in their community.
- Assistance filling out Medicare, insurance or other forms is thought to be available in the community by 43% of seniors. Almost one-fourth of seniors receive this help; another 1% could use help.
- Lack of transportation is a problem for 6% of older adults. The problem becomes greater as adults get older.
- Four percent of seniors need to use a public transportation system, and for over half who use public transportation, it meets all their needs.
- Half of older adults are aware of a transportation service where you can call in advance. Nine percent report using this service, and for most it meets all their transportation needs.
- Over 90% of elders do not need a daily check by someone to be sure they are okay. Four percent of older adults receive such a check; almost 1% feel they need it but are not getting it.

Health Care

- Medicare is the most common health care coverage for those 65 and older. The youngest old are most likely to be covered through an employer. Two percent of seniors, an estimated 2,930 persons, report having no health insur-

ance.

- Not being able to get an appointment, limited service times, and cost are the most often cited reasons for not being able to see a doctor when needed.

Social Support

- Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. Most seniors, 92%, talk on the telephone at least weekly. Face-to-face interactions occur less frequently but still 82% manage to visit someone outside their home at least once a week.
- Nine percent of older adults, or an estimated 14,000 persons, have no one who would care for them if they became sick or disabled. For those who have a potential caregiver, it is most likely to be a family member and someone who is able to care for them as long as needed.
- Around 82% of older adults own their home, 81% live in a house and 94% have lived at their current residence for two years or more. The majority, 80%, consider their neighborhoods to be extremely or quite safe from crime.
- Most older adults have never been discriminated against in the past year because of their age (87%) or their race (92%).
- Only two percent of seniors are aware of older adults in their community who have been abused or neglected. Almost one-third, 31%, are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

Since 1900 the percentage of Americans age 65 and older has more than tripled. The older population will continue to grow significantly and is expected to double over the next 30 years as the "baby boom" generation begins to "gray".¹ The fastest growing segment of the older population is the group 85 years old and older.

Missouri's age 65 and older population has increased 5% from 1990 to 2000. Consistent with the nation, Missouri's 85+ age population has had the greatest rate of growth among age cohorts in the state, increasing 21% over the last 10 years.² In the Kansas City metropolitan area (see pg. 5), the age 65 and older population has seen a 7% growth and the 85+ age cohort has experienced a 19% increase.³

In America, and in Missouri as well, one can expect to spend a significant number of years in old age. Quality of life in later years is directly influenced by an older person's health and level of physical and cognitive functioning. Good health, the ability to live independently in the community and affordable health care are concerns not only for the older person but for society as a whole. Younger persons who care for their aging relatives face financial and emotional challenges. For society, the financing of health care services for seniors is a significant outlay of resources.⁴

In order to effectively address the needs of the older population in Missouri, quality data are needed for assessing functional status, health behaviors and needed assistance. The Missouri Department of Health and Senior Services (formerly the Department of Health and the Division of Aging within the Department of Social Services) and the ten Missouri Area Agencies on Aging (AAA) have conducted a statewide study of older adults, 60 years of age or older, and have targeted minority populations. Analysis of this information will serve as a foundation for program policies to address the needs of this growing population and to improve the quality of life for Missouri's seniors.

Survey Design and Administration

The Missouri Department of Health and Senior Services (DHSS), Division of Chronic Disease Prevention and Health Promotion (CDPHP) designed the needs assessment study, developed the survey questionnaire and conducted the telephone interviews. There were two phases to the study. The first phase sampled the entire state. The second phase targeted minority populations in metro Kansas City, metro St. Louis and the Bootheel region.

The statewide study was designed to provide statewide representation of the population age 60 and older. A disproportionate stratified random sample was used, stratifying by regions that roughly correspond to DHSS districts. This report covers the Kansas City metro area (See Sampling Regions, pg. 5).

Trained interviewers from the CDPHP placed the calls and interviewed only respondents age 60 or older. Proxy respondents were allowed if the respondent was unable to speak on the telephone because of a hearing problem or physical disability. Interviewing occurred June 23, 2000 through March 8, 2001. A total of 2,757 surveys were completed for the statewide study; 438 surveys were conducted in metro Kansas City.

Analysis

The CDPHP has applied the Behavioral Risk Factor Surveillance System (BRFSS) weighting formula to all data collected.⁵ Weighting allows for controlling all known sources of bias and a regional stratification adjustment and post-stratification weight to compensate for non-response and non-coverage of households without telephones. Upon weighting, sample proportions of selected demographic characteristics equal the estimated sample proportions of the population, and the sample size equals Missouri's 60 and older, non-institutionalized population based on 1990 Census data.

To arrive at population estimates based on 2000 Census data, sample percentages have been applied to the age 60 and older population obtained

Introduction

from the 2000 Census, excluding an estimate of the age 65+ institutionalized population. The institutionalized, age 65+ population from the 2000 Census is not yet available on a county level so an estimate of this population for the Kansas City metro area has been determined using the following methodology. Statewide, 50% of the institutionalized population is age 65 or older; it has been assumed that 50% of the region's institutionalized population is also age 65 and older. Half of the institutionalized population has then been deducted from the age 65 and older population, with the resulting total added to the age 60-64 population to arrive at the regional estimate. This estimate has been used as the basis to provide further estimates of certain populations, as noted throughout the report and in the Data Tables section starting on page 22.

Chi-square tests and *t*-tests were conducted at the 95% confidence level to determine statistically significant differences. Where noted in the report, a significant difference means statistical significance at the 95% confidence level.

Population Estimate for the Kansas City Metro Region		
	65+ population	128,722
	- 50.283% of institutionalized population	5,727
Estimated 65+, non-institutionalized population		122,995
	+ 60-64 population	40,128
Estimated 60+, non-institutionalized population		163,123

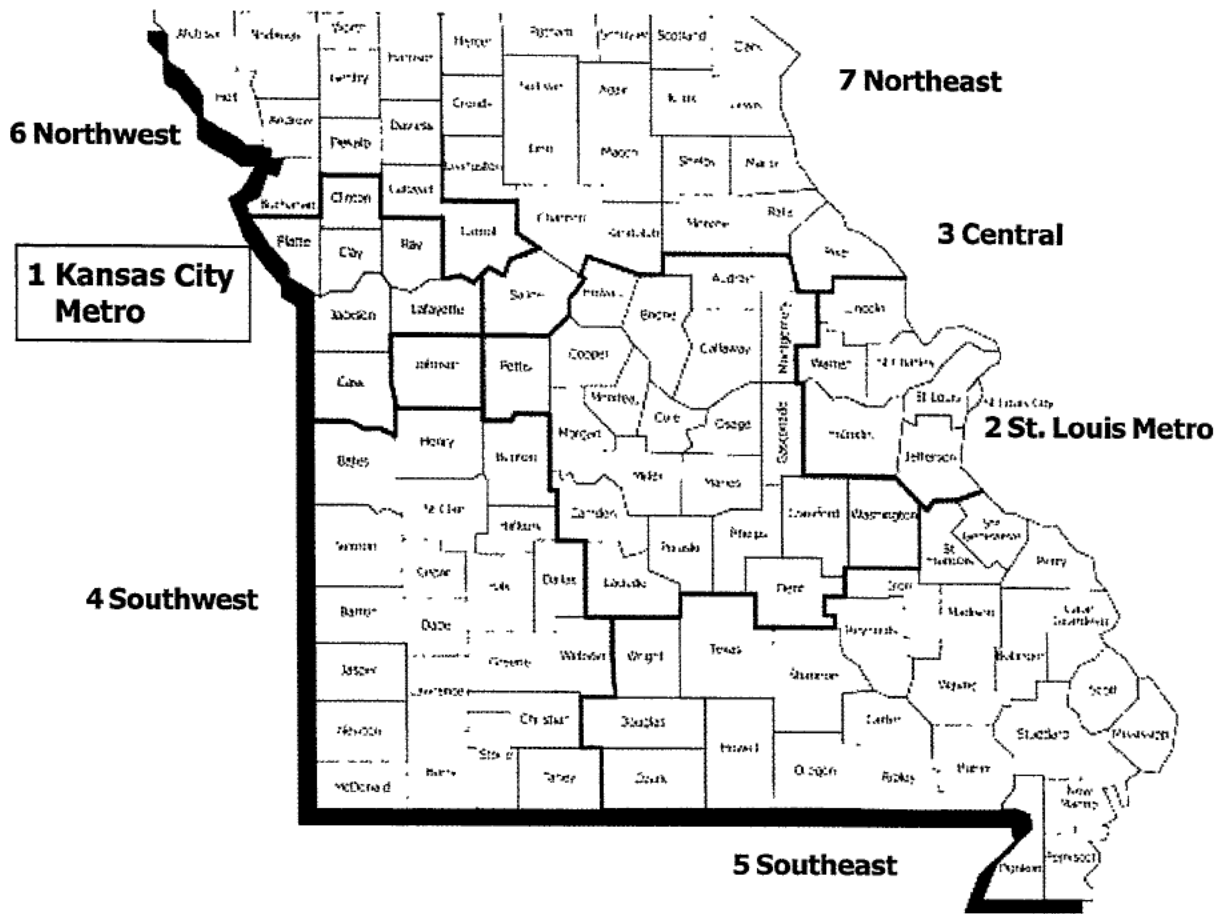
Report Organization

This report is a summary of the data collected from the statewide study for the Kansas City metro area. The first section details selected demographic characteristics of the surveyed older population. The second section covers health status measures and health habits while section three presents measures of functional status. The fourth section explains awareness and usage of selected community aging services. Section five highlights health care coverage and the last section covers issues regarding social activity, caregiving, discrimination, abuse and neglect, and neighborhood safety. At the end of the report is a section of data tables that provides supporting data for the report and population estimates based on the 2000 U.S. Census non-institutionalized, age 60 and older population.

References

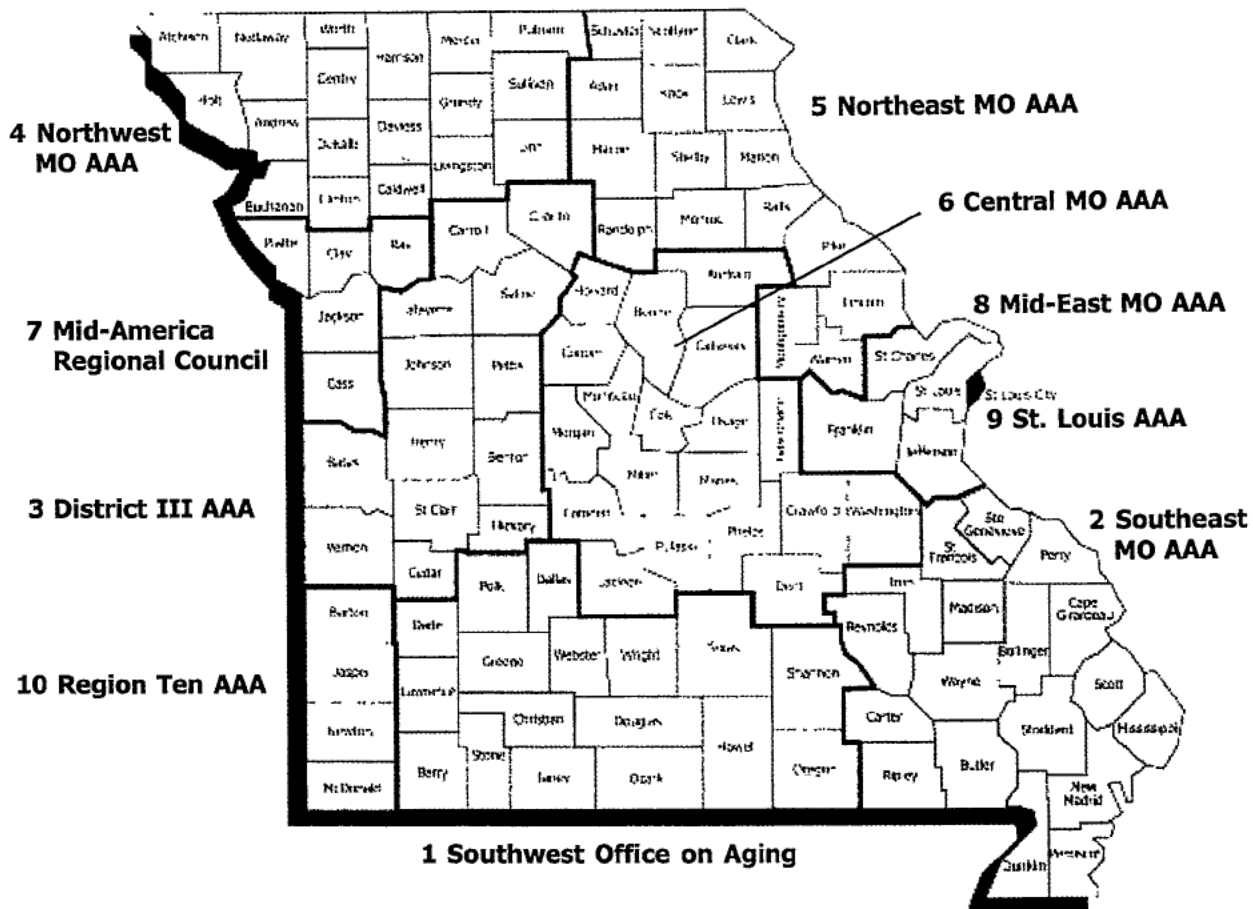
- ¹ A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services
- ² Regional Profiles, OSEDA-Office of Social and Economic Data Analysis, www.oseda.missouri.edu/regional_profiles/pchseniorpop_1990_2000.html
- ³ Basic Demographic Profile Trend Report 1990-2000, Missouri Census Data Center, www.mcdc.missouri.edu
- ⁴ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.
- ⁵ National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Factor Surveillance System, www.cdc.gov/nccdphp/brfss/, Frequently Asked Questions (FAQs)

Sampling Regions



- 1** Cass, Clay, Clinton, Jackson, Lafayette, Platte, Ray
- 2** Franklin, Jefferson, Lincoln, St. Louis City, St. Louis County, St. Charles, Warren
- 3** Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Washington
- 4** Barry, Barton, Bates, Benton, Cedar, Christian, Dade, Dallas, Greene, Henry, Hickory, Jasper, Lawrence, McDonald, Newton, Polk, St. Clair, Stone, Taney, Vernon, Webster
- 5** Bollinger, Butler, Cape Girardeau, Carter, Douglas, Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Reynolds, Ripley, Ste. Genevieve, St. Francois, Scott, Shannon, Stoddard, Texas, Wayne, Wright
- 6** Andrew, Atchison, Buchanan, Caldwell, Carroll, Daviess, DeKalb, Gentry, Harrison, Holt, Johnson, Nodaway, Worth
- 7** Adair, Chariton, Clark, Grundy, Knox, Lewis, Linn, Livingston, Macon, Marion, Mercer, Monroe, Pike, Putnam, Ralls, Randolph, Saline, Scotland, Schuyler, Shelby, Sullivan

Area Agency on Aging Regions



- 1 Barry, Christian, Dade, Dallas, Douglas, Greene, Howell, Lawrence, Oregon, Ozark, Polk, Shannon, Stone, Taney, Texas, Webster, Wright
- 2 Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Perry, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Stoddard, Wayne
- 3 Bates, Benton, Carroll, Cedar, Chariton, Henry, Hickory, Johnson, Lafayette, Pettis, Saline, St. Clair, Vernon
- 4 Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Putnam, Sullivan, Worth
- 5 Adair, Clark, Knox, Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Randolph, Schuyler, Scotland, Shelby, Warren
- 6 Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski, Washington
- 7 Cass, Clay, Jackson, Platte, Ray
- 8 Franklin, Jefferson, St. Charles, St. Louis
- 9 St. Louis City
- 10 Barton, Jasper, McDonald, Newton

Note: See pg. 36 for contact information.

Demographic Characteristics

The age of seniors surveyed ranges in years from 60 to 94, with an average of 71 years. While women account for the majority in each of the age groups, the average age among the sexes is not significantly different (Figure 1).

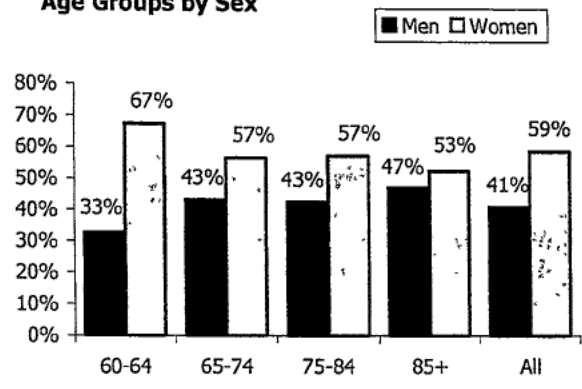
The majority of older adults are white; 11% report themselves as black, and 1% as another race (Data Tables, pg. 22). For analysis purposes, races other than white will be grouped into a category called Other.

Marital Status, Living Arrangement

Marital status and living arrangement impact older adults' well-being as they are closely linked to income, health status, and the availability of potential caregivers. Consistent with U.S. Census data¹ and national health study data², marital status and living arrangement of Missouri's seniors vary considerably by age, sex and race.

Living arrangement is defined by marital status and the number of people residing in the household. An assumption was made that if the respondent is married and living with another person, that respondent is living with his/her spouse.

Figure 1. Kansas City Metro
Age Groups by Sex

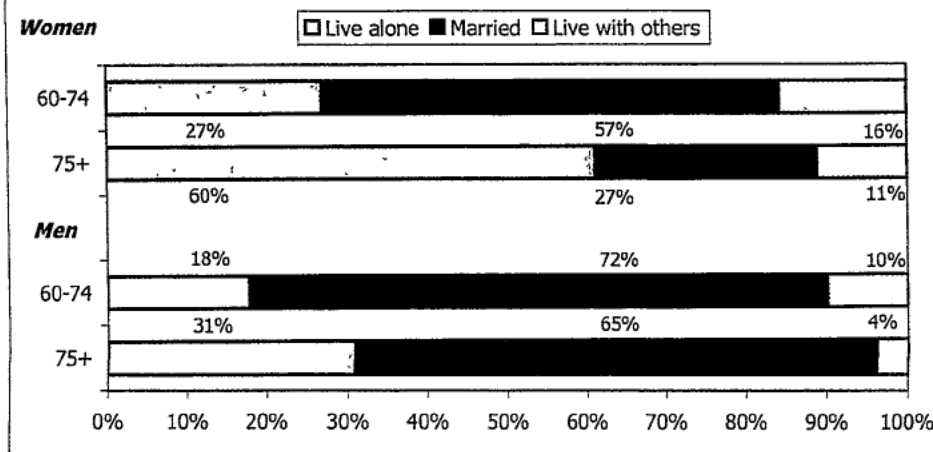


For analysis purposes, marital status and living arrangement are combined into the following categories: married and living with others; living alone; living with others.

The number of seniors living alone increases with age. Only 23% of adults aged 60 to 74 live alone; that percentage jumps to almost 48% for the 75+ age group (Data Table, pg. 22). Men are more likely than women to be married at both age levels, reflecting the fact that men are often outlived by their wives, marry women younger than themselves and remarry more frequently (Figure 2).

Older minority adults are less likely than white seniors to be married and more likely to live with others (Data Tables, pg. 22).

Figure 2. Kansas City Metro
Marital Status/Living Arrangement by Age and Sex



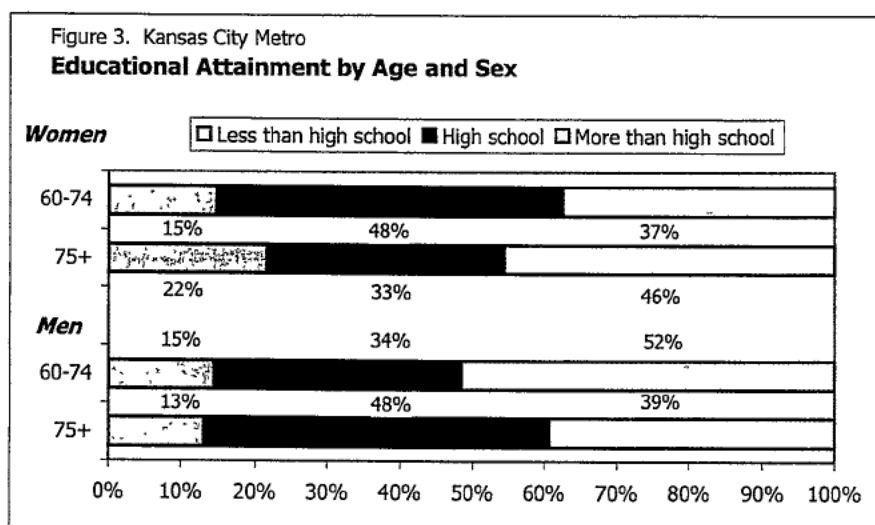
Population

Educational Attainment

Higher levels of education are usually correlated with higher incomes, higher standards of living, and above-average health status among older adults. Thus, education can have an indirect influence on a person's well-being.³

Over 80% of seniors have received a high school education (Data Tables, pg. 23). There are no significant differences among sex and age with regards to education (Figure 3).

White seniors are more likely than elders of a minority race to have received a college education; minority seniors are more likely to not have graduated high school (Data Tables, pg. 23). This reflects the prevailing attitudes and educational opportunities at the time when they received most of their formal education.

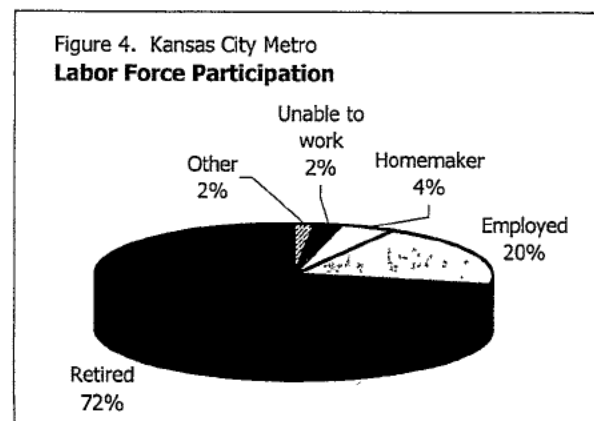


Labor Force Participation

Almost three-fourths of older adults are retired; 20% are employed (Figure 4). Employed seniors who average 67 years of age are younger than retirees, who average 73 years of age. Men and women are equally likely to be in the work force (Table 1).

Table 1. Kansas City Metro
Percent Employed by Age and Sex

	Men	Women	ALL
ALL	20%	20%	20%
60-64	38%	39%	39%
65-74	23%	20%	21%
75-84	10%	5%	7%
85+	0%	0%	0%

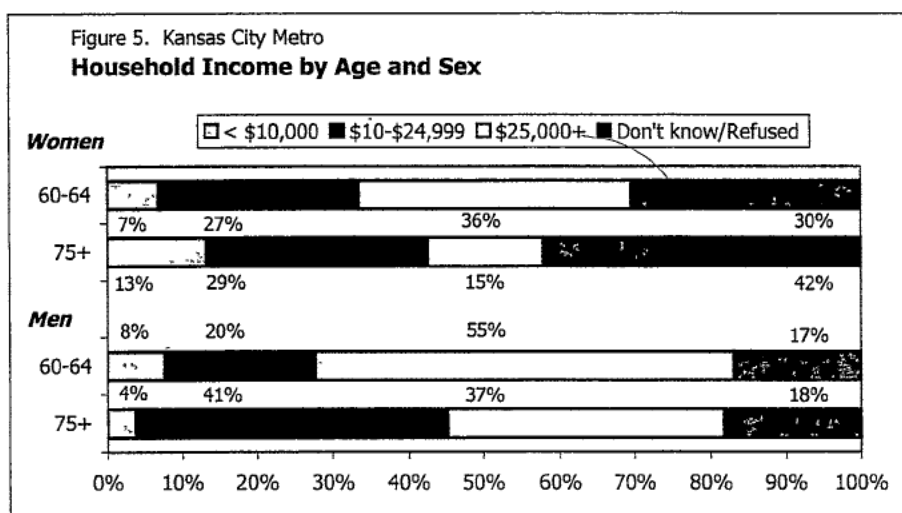


Household Income

An older adult's income has a direct bearing on his or her quality of life. Persons with inadequate income risk lack of food, housing, health care and needed services. Socioeconomic status has been proven to affect a person's health.⁴

As age increases, household income decreases for both men and women (Figure 5). Men are more likely than women to report incomes of \$25,000 or more.

Annual household income is less than \$25,000 for over one-third of seniors; 14% have incomes of \$50,000 or more (Data Tables, pg. 23). One-fourth of respondents either refused to report their income or did not know their income. This is more prevalent among women than men.



References

¹ Current Population Reports. The Older Population in the United States. U.S. Census Bureau. March 1999.

² National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

³ Federal Interagency Forum on Aging-Related Statistics. Older Americans 2000: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics, Washington, DC: U.S. Government Printing Office. August 2000.

⁴ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vo. 279 Issue 21 06/03/98, 1703-1709.

Health Status

Self-Rated Health

Self-assessed health is one of the simplest but most informative measures of health, summarizing physical, emotional and social aspects of well-being. Research has found self-rated health to highly correlate with mortality, and has demonstrated that older persons who report their health as poor are at increased risk for declines in physical functioning.¹

Almost three-fourths of seniors assess their health as good, very good or excellent; 26% rate their health as fair or poor (Data Tables, pg. 24). As age increases negative health evaluations increase. Percentages of fair and poor health are similar among men and women among the younger old. For the 75+ age group, women are more likely than men to rate their health as fair or poor (Figure 6).

National studies^{1,2} and the 1994 Needs Assessment study have found black seniors to be more likely to report worse health. In this study, a slightly higher percentage of minority elders report fair or poor health but the difference is not significant (Figure 7).

Differences in health outcomes by socioeconomic position have been recognized as a persisting public health problem. The Americans' Changing Lives (ACL) longitudinal study found that lower levels of education and income are associated with a significantly higher prevalence of health risk behaviors, including smoking, being overweight and physical inactivity.³

Figure 6. Kansas City Metro

Percent Who Report Fair or Poor Health by Age and Sex

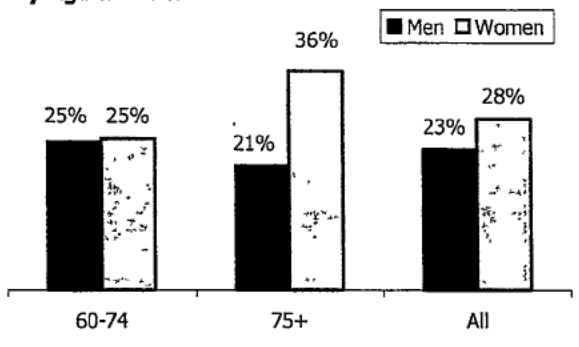
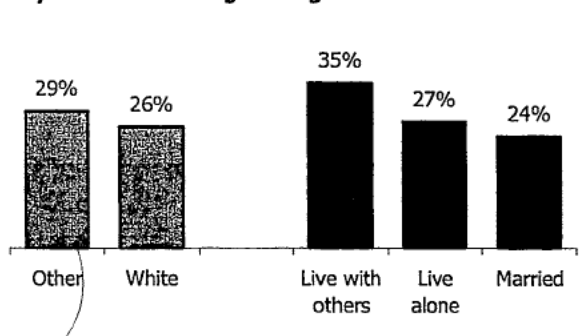


Figure 7. Kansas City Metro

Percent Who Report Fair or Poor Health by Race and Living Arrangement

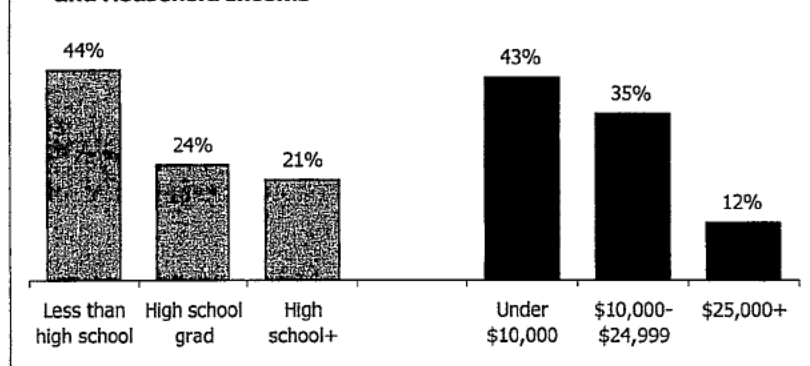


Seniors' perception of their health also differs significantly in this study by the socioeconomic indicators of educational attainment and household income. Self-rated health improves as education and income increase. Over 40% of seniors with less than a high school education rate their health as fair or poor. In contrast, less than one-fourth of seniors with an education beyond high school assess their health as not good (Figure 8).

Seniors with incomes under \$25,000 are much more likely than those with incomes \$25,000+ to assess their health as fair or poor (Figure 8).

Figure 8. Kansas City Metro

Percent Who Report Fair or Poor Health by Education and Household Income



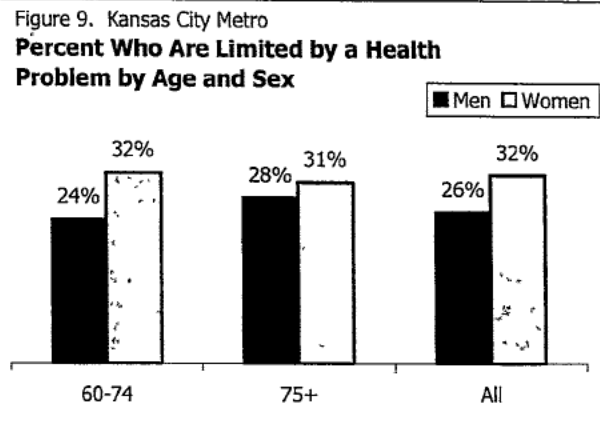
Health Limitations

Chronic diseases such as arthritis affect the quality of life and contribute to disability and the inability to live independently. Over one-fourth of seniors, 29%, are limited in activities because of an impairment or health problem. Arthritis (7%), lung/breathing problems (3%), a walking problem (3%) and heart problems (3%) are the major afflictions reported as limiting activities (Data Tables, pg. 24).

The percent who are limited by a health problem is not significantly different among age groups and gender (Figure 9). As expected, those with health limitations are more likely to assess their health as fair or poor (Data Tables, pg. 24).

Fourteen percent of older adults report having trouble learning, remembering or concentrating because of an impairment or health problem (Data Tables, pg. 24).

Survey participants were asked a variety of questions regarding how many days in the past 30 days they felt healthy, and how many days they were affected by poor physical health, poor mental health, and sleep deprivation. (Table 2; Data Tables, pg. 25)



Days of Good Health

Almost three-fourths of seniors have felt very healthy and full of energy at least one day in the past 30 days. Those reporting at least one day of good health average 24 good days.

Days of Poor Health

Almost one-third of seniors have had one or more days in the past 30 where their physical health was not good, averaging 17.5 poor physical health days. Pain made it hard for close to one-fourth of older adults to do their usual activities at least one day in the past month. On average, those with pain had 17.5 days where the pain inhibited their daily activities.

Poor mental health days have been experienced by 15% of seniors, who average 13 poor days; one-fourth have had at least one day where they felt sad, blue or depressed and average 10 days; 28% have felt worried, tense or anxious and average 9.5 days; 36% did not get enough rest or sleep, averaging 12 days.

Poor physical or mental health has kept 16% of seniors from doing their usual activities; these individuals average 17 days of poor overall health.

Table 2. Kansas City Metro
Percent Who Report At Least 1 Day in the Past 30 Days

	Percent	Estimated Persons	Average # of Days
Felt very healthy & full of energy	73%	119,080	24.1
Physical health was not good	32%	51,384	17.5
Pain made it hard to do activities	21%	34,908	17.5
Mental health was not good	15%	24,305	13.0
Felt sad, blue, depressed	25%	40,618	10.2
Felt worried, tense, anxious	28%	45,674	9.5
Did not get enough rest/sleep	36%	57,909	12.4
Poor health kept you from activities	16%	26,589	17.4

Health Status

Health Habits

Research has shown that physical activity has many health benefits: reducing the risk of certain chronic diseases, relieving symptoms of depression, helping to maintain independent living, and enhancing the overall quality of life. Sixty percent have participated in physical activities or exercised in the past month; participation declines as age increases (Figure 10).

The most popular activities seniors participate in are walking, gardening, golfing and exercising at home or at a health club. For those who do exercise, they do so several times a week (Data Tables, pg. 26).

Older adults are at a higher risk of contracting and suffering from consequences of the flu or pneumonia. An annual flu shot and a pneumonia vaccination are recommended for adults age 65 and older. Almost two-thirds have had a flu shot in the past year, with the majority receiving their shot at a doctor's office (Data Tables, pg. 26). Over half of the seniors have had a pneumonia vaccination. The likelihood of having had either shot increases with age (Figure 11).

Figure 10. Kansas City Metro
Percent Who Participated in Physical Activity by Age

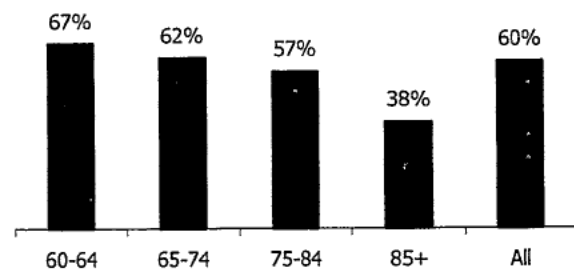
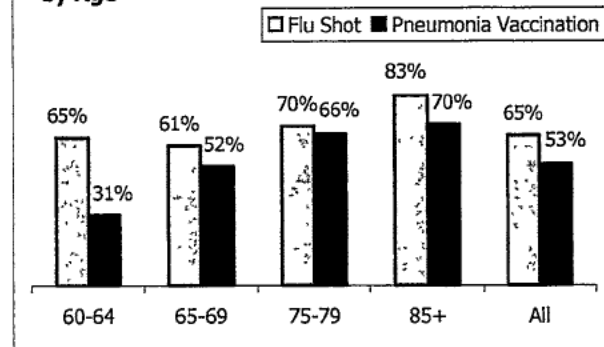


Figure 11. Kansas City Metro
Percent Who Have Had Vaccinations by Age



References

¹ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

² A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services

³ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vol. 279 Issue 21 06/03/98, 1703-1709.

The functional ability of an older person declines with age. Functional limitation and whether a person receives assistance serve as key indicators of an older person's ability to live independently in the community and have implications for service delivery, quality of life, and life expectancy. Functional status is commonly defined in terms of the ability to perform certain tasks of daily living. Researchers group these tasks into two categories: essential activities of daily living (ADL) and the more complex instrumental activities of daily living (IADL). The ADLs included in this survey are eating, bathing, dressing, toileting, getting in/out of bed, walking, getting around the house, and getting outside. IADLs include light housework, heavy housework, using the telephone, shopping, preparing meals, taking medication and managing money.

For each ADL and IADL, respondents were asked how much difficulty they had performing each task, who helped them if they had difficulty and if it was enough help. Respondents are considered to have difficulty with an ADL or IADL if they report needing some help or unable to do without help. Consistent with other studies, those who report they do not do an ADL are counted as having difficulty.¹ Because ADLs are fundamental to the existence of the person, it is likely the respondent who "does not do" a specific activity is limited. The percentage of those reporting "doesn't do for other reason" is less than one percent for any given ADL. Unlike ADLs, IADLs are not necessities of life and may not be done for reasons other than disability. Thus, those who report they do not do a specific IADL are not counted as limited.

ADL and IADL Difficulties

Over one-third of seniors, 39%, need some help performing either ADLs or IADLs (Figure 12). Mobility is the most prevalent ADL difficulty; 14% have trouble walking, getting around the house, and/or getting outdoors (Figure 13). Four percent report difficulty performing personal care activities. Overall, 14% have ADL difficulties.

More seniors need help with IADLs than with ADLs. Over one-third, 37%, of older adults need

Figure 12. Kansas City Metro
Functional Limitations

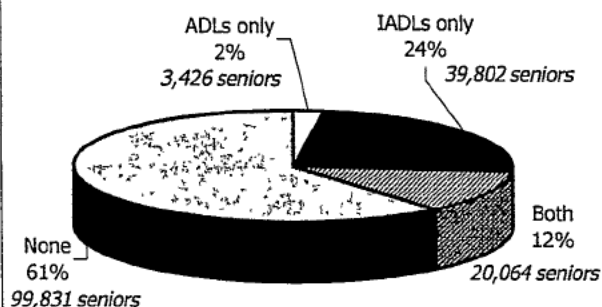
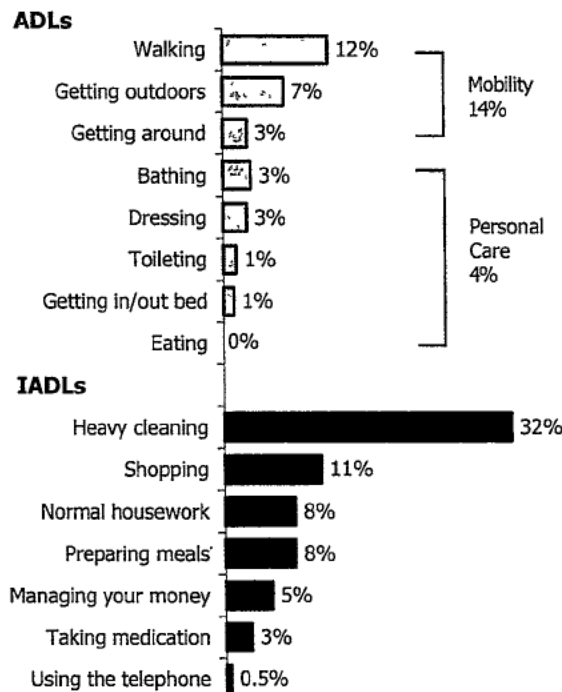


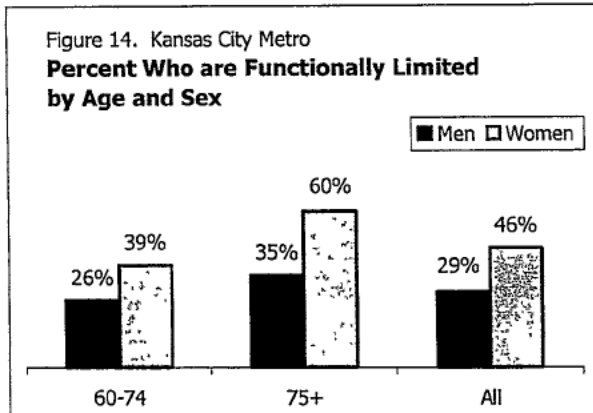
Figure 13. Kansas City Metro
Percent with ADL and IADL Difficulties



assistance performing one or more instrumental activities of daily living (Figure 12). Help is most often required with cleaning and shopping (Figure 13).

Functional status varies significantly across age and sex. As age increases, functional limitations increase. Women are more likely than men to need assistance with ADLs and/or IADLs (Figure 14).

Functional Status



Assistance with Functional Limitations and Unmet Needs

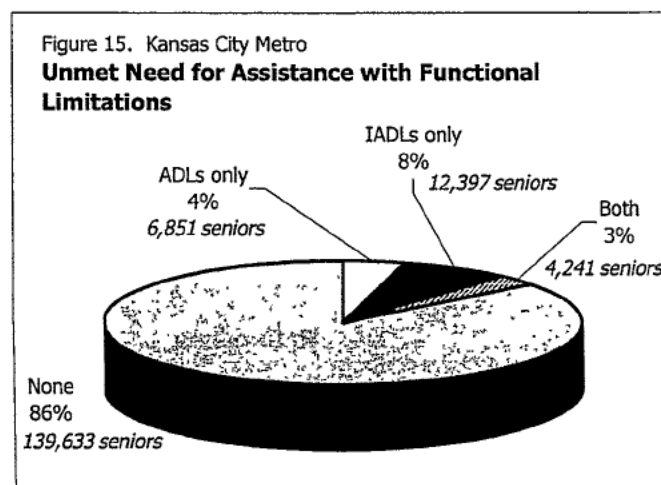
Some seniors are able to overcome their difficulties in performing daily activities through the use of assistive devices; many others require personal assistance. The majority of elders are receiving the necessary assistance and in most cases, it is enough help (Data Tables, pgs. 27-28).

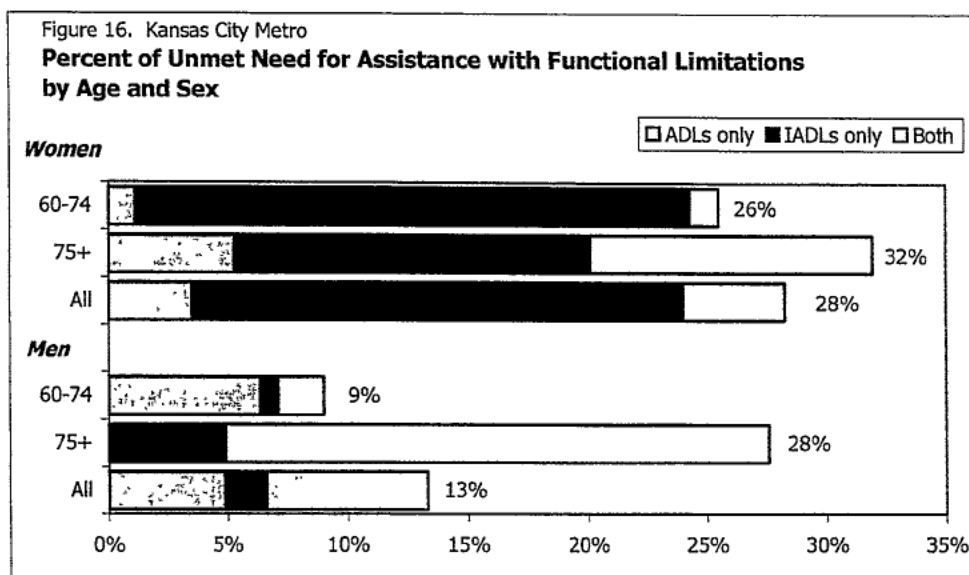
For most, assistance comes from family. Professional help is used more for bathing, normal housework and heavy cleaning. Other help, usually in the form of assistive devices such as a walker or cane, is more often used with walking, getting around the house or getting outdoors (Data Tables, pgs. 27-28).

While help is available for most seniors who need it, there are still thousands who are going unaided. These adults may be at risk for institutionalization if the need for assistance goes unmet. Unmet need has been determined for each ADL and IADL where an individual has no one to help when help is needed, or if the help they get is enough help only some of the time, seldom or never.

Overall, 14% of seniors are in need of help or need more help with their everyday activities (Figure 15). Seven percent need more help with one or more ADLs, with the majority of elders requiring assistance with walking. Eleven percent of older adults could use additional help with at least one IADL. Heavy cleaning is the need that most often goes unmet (Data Tables, pg. 27-28).

As with ADL and IADL difficulties, unmet need for assistance increases as age increases and women are more likely than men to go unaided (Figure 16). The difference between the sexes for needed IADL assistance is much greater than the need for ADL assistance. This is likely due to the traditional role women have played in the household, where cleaning, shopping and cooking are the woman's responsibility. Thus, men may not need help with these activities because they do not do these activities.





References

¹ Health Data on Older Americans: United States, 1992. National Center for Health Statistics. Vital and Health Statistics 3(27), January 1993.

Service Awareness and Use

Where To Go For Help

Most seniors will talk with their family members when they need someone to help with their personal care and their day-to-day activities (Table 3). Eighteen percent, or an estimated 30,015 persons, don't know with whom they would speak for personal care assistance; 16%, or an 26,590 persons, do not know who to talk to about getting help with day-to-day activities (Data Tables, pg. 29).

Slightly over one-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services (Figure 17).

Regarding agencies to contact to find out about aging services in the community, awareness is highest for the Division of Senior Services. The majority do not know which agency to contact for services (Figure 18).

Overall, 8% or an estimated 13,000 older adults, indicate they have no one to talk to about getting help with personal assistance or day-to-day activities, and do not know what agency to speak with about aging services.

Table 3. Kansas City Metro

Who Would You Talk to for Help

	With Personal Care	With Day-to-Day Activities
Family	49%	58%
Doctor	15%	6%
Social service agency	7%	7%
Other	11%	13%
Don't know	18%	16%

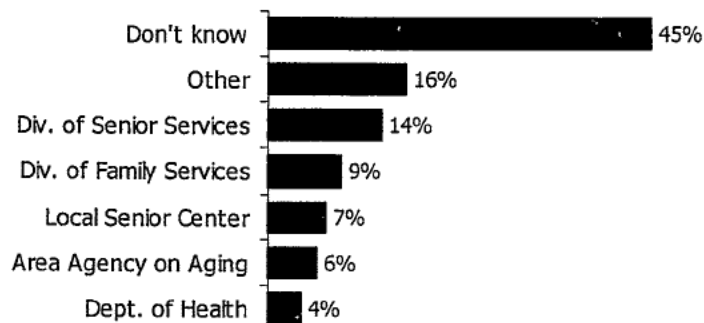
Figure 17. Kansas City Metro

Aware of the Toll-Free Information and Referral Number



Figure 18. Kansas City Metro

Agency To Contact About Aging Services



Service Awareness and Use

Home-Delivered Meals

Three-fourths of older adults are aware of the availability of home-delivered meals or Meals on Wheels in their community (Table 4).

Table 4. Kansas City Metro
Home-Delivered Meals

	Percent	Persons
Aware	76%	123,973
Receiving	9%	14,518
Unmet Need	2%	3,262

Nine percent report having meals delivered to their homes; 2% need home-delivered meals but are not getting them, or feel the service does not provide them with enough meals (Table 4). This would include Home Delivered Meals through local Senior Centers and other community operated meals on wheels programs. Reasons for not receiving meals include do not like the service or the service doesn't meet the need (Data Tables, pg. 29).

The vast majority of seniors, 97%, have not been concerned about having enough food for themselves and their families in the past 30 days (Data Tables, pg. 29).

Senior Center

The majority of older adults know of a senior center in their community where they can eat meals and participate in social activities (Table 5).

Table 5. Kansas City Metro
Senior Center

	Percent	Persons
Aware	63%	102,767
Go To	12%	19,738

Twelve percent of seniors visit a senior center (Table 5). Attendance increases with age; those who visit centers are on average 77 years old; those who don't average 70.5 years old.

Reasons for not going to a senior center include unavailability, not needing the services offered, and not interested in the offered services (Data Tables, pg. 30).

Assistance Filling Out Forms

Assistance filling out Medicare, insurance or other forms is thought to be available in the community by 43% of seniors (Table 6).

Not everyone was asked if they currently need help filling out forms due to a survey programming error. *Thus, the data presented here is based on only those seniors asked so need and receipt of assistance of this service may be underestimated.*

Almost one-fourth of seniors say they receive help filling out their forms; another 1% could use help with their forms (Table 6).

Table 6. Kansas City Metro
Assistance Filling Out Forms

	Percent	Persons
Available	43%	70,469
Receiving	23%	15,823
Unmet Need	1%	816

Service Awareness and Use

Transportation

Lack of transportation is a problem for 6% of seniors when they want to go someplace (Data Tables, pg. 31). The problem becomes greater as adults get older. Lower income individuals more often than higher income persons find lack of transportation a problem as do those living alone compared to married seniors living with their spouse (Data Tables, pg. 32).

Half of older adults report a public transportation system is available where they can walk to a bus stop (Table 7). Four percent need to use public transportation when they want to go someplace; 2% feel it doesn't meet their needs because of the day/hour/timing of service or the destination is outside the service area (Data Tables, pg. 31).

Table 7. Kansas City Metro
Public Transportation

	Percent	Persons
Available	51%	83,356
Need to Use	4%	6,851
Doesn't meet my needs	2%	3,915

Transportation Service

	Percent	Persons
Available	53%	86,618
Use	9%	13,865
Doesn't meet my needs	2%	2,773

Around half of seniors are aware of the availability of a transportation service where you can call in advance. Nine percent use this service. It doesn't meet all the transportation needs for 2% for such reasons as the day/hour/timing service and destination is outside the service area (Data Tables, pg. 32).

Daily Check

Over 90% of seniors feel they do not need a daily check by someone to be sure they are okay. Four percent report receiving such a check; another 1% believe they need a check but are not getting it (Table 8).

Women are more likely than men to receive a check, as are minority versus white seniors. Also, older adults living alone are more likely than married seniors to be receiving such a service (Data Tables, pg. 32).

Table 8. Kansas City Metro
Daily Check

	Percent	Persons
Receive	4%	6,851
Unmet Need	0.9%	1,468

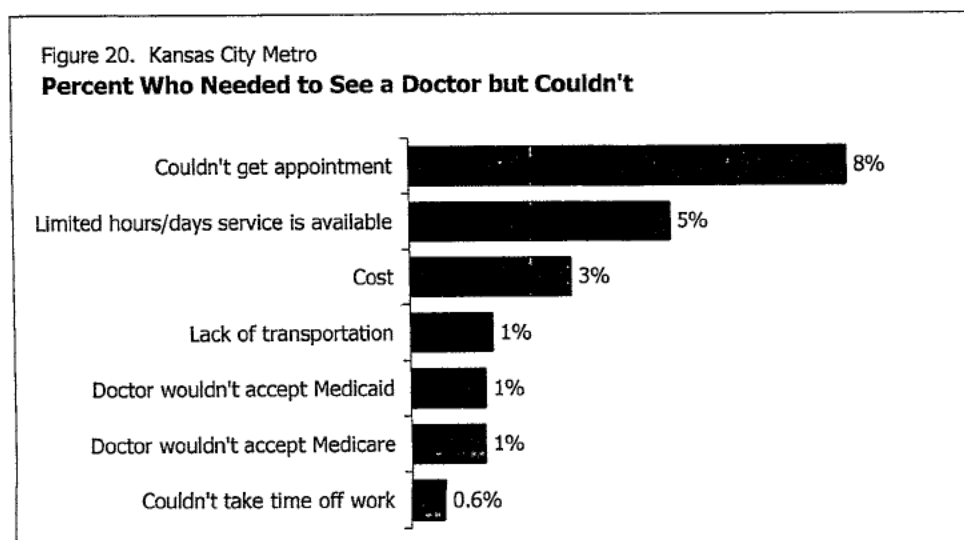
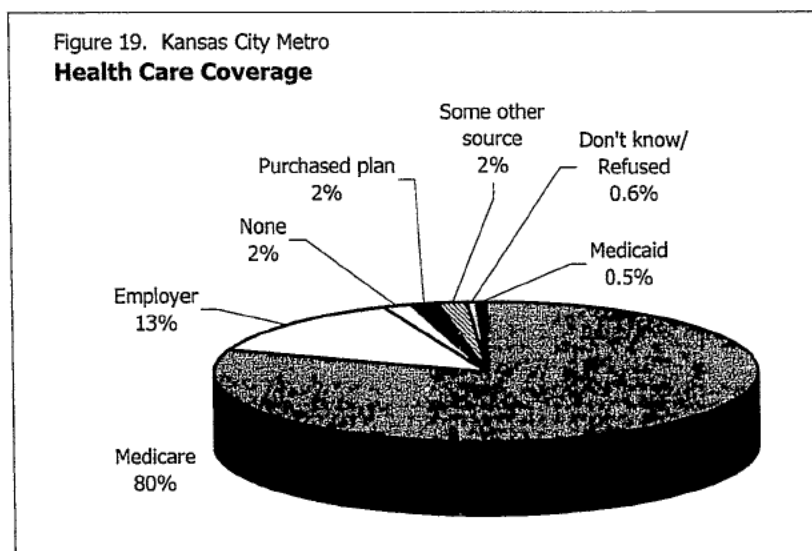
Health Care Coverage

For those age 65 and older, Medicare is the most common health care coverage. The youngest old are most likely to be covered by their employer or someone else's employer (Data Table, pg. 33).

Two percent, or an estimated 2,930 seniors, report having no health insurance. The majority of the uninsured are under age 65 (Data Table, pg. 33).

Inability to See a Doctor

Survey participants were asked if there was a time in the past 12 months when they needed to see a doctor but could not for various reasons. Not being able to get an appointment, limited service times, and cost are the most often cited reasons for not being able to see a doctor when necessary (Figure 20).



Social Support

Social Activity

Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. The vast majority of seniors, 92%, talk on the telephone at least weekly (Figure 21). Face-to-face interactions occur less frequently but still a majority, 82%, manage to visit someone outside their home at least once a week (Figure 22).

Figure 21. Kansas City Metro
Talk on the Telephone

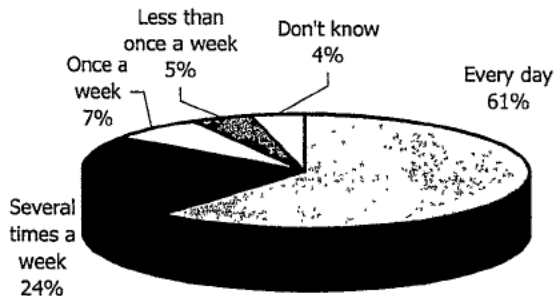
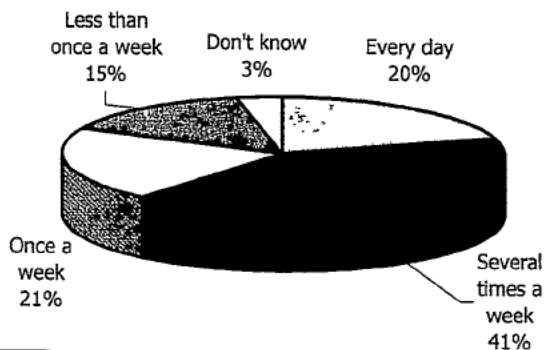


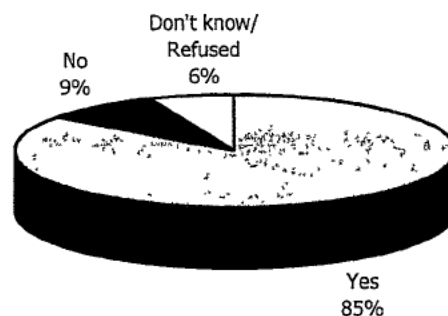
Figure 22. Kansas City Metro
Visit with Someone



Caregiving

Nine percent of older adults, an estimated 14,000 persons, report having no one who would care for them if they became sick or disabled (Figure 23). Understandably, older adults living by themselves are more likely than married seniors to feel they would not have a caregiver should they need one (Data Tables, pg. 34).

Figure 23. Kansas City Metro
Have a Potential Caregiver

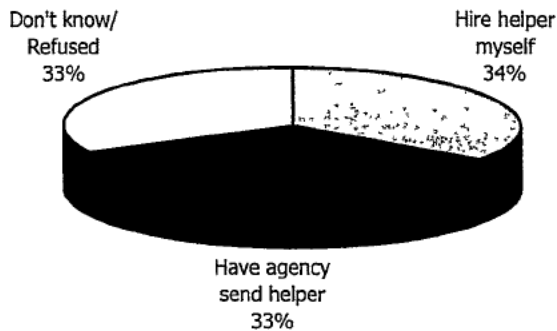


Traditionally, families have cared for older adults. Smaller family sizes, geographic mobility, increased number of women in the workforce and the increased longevity of older adults have been affecting the network of potential caregivers.¹ Family caregivers are an essential part of the health care economy. The estimated value of informal caregiving is an estimated \$196 billion.² With the shrinking number of potential caregivers, increases are likely in in-home care expenses as well as the institutionalization rate and subsequent nursing home care expenses.

For those who would have a caregiver, three-fourths say the person would be able to care for them as long as needed. This person is most likely to be a child or spouse (Data Tables, pg. 34).

If seniors needed help at home, the percentages are similar for those preferring hiring someone themselves and seniors preferring an in-home agency send someone. One-third do not know which option they would prefer (Figure 24).

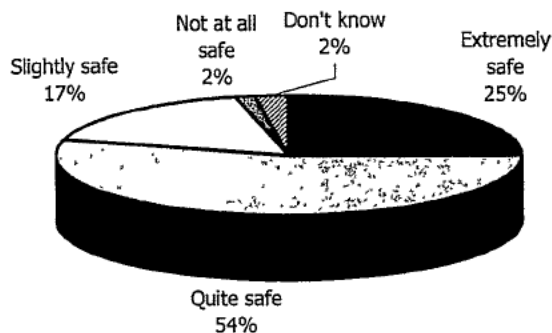
Figure 24. Kansas City Metro
Preference for In-Home Help



Housing & Neighborhood Safety

Around 82% of older adults own their home, 81% live in a house, and 94% have lived at their current residence for at least two years. Only three percent are considering moving within the next two years where they can get more help (Data Tables, pg. 35). The majority of seniors, almost 80%, consider their neighborhoods to be extremely or quite safe from crime (Figure 25).

Figure 25. Kansas City Metro
Neighborhood Safe from Crime



Discrimination

The majority of older adults have not been discriminated against in the past year because of their age (87%) or their race (92%). Of those who experienced racial or ethnic discrimination, less than 8% report it prevented them from receiving needed services (Data Tables, pg. 35). A total of 2% of respondents didn't know or refused to answer if they had experienced racial or ethnic discrimination.

Abuse & Neglect

Only 2% of seniors are aware of older adults in their community who have been abused or neglected (Data Tables, pg. 35). Almost one-third, 31%, are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

References

¹ Internet Information Note: Caregiving for the Elderly - National Aging Information Center; www.aoa.gov/naic/Notes/caregivingforelderly.html.

² Family Caregiver Alliance Fact Sheet: Selected Caregiver Statistics; www.caregiver.org/factsheets/caregiver_statsC.html.

Data Tables

Note: Population estimates are determined by applying the sample percentages to the age 60 and older population, excluding the age 65+, institutionalized population. Because the estimates are based on rounded sample percentages, they may not add to the total population.

Population of the Sample

Kansas City Metro	Percent
	100.0%
Age	
60-64	19.9%
65-69	24.9%
70-74	23.0%
75-79	16.2%
80-84	10.6%
85+	5.2%
Refused	0.3%
Sex	
Male	41.1%
Female	58.9%
Race	
White	87.5%
Black	10.8%
Other	1.1%
Refused	0.7%
Hispanic	
Yes	1.7%
No	97.9%
Don't know/Refused	0.4%
Marital Status	
Married	57.7%
Widowed	11.1%
Divorced	27.9%
Never been married	2.5%
Separated	0.8%
Household Size	
One	31.2%
Two	57.3%
Three	7.0%
Four or more	4.1%
Don't know/Refused	0.4%
Living Arrangement	
Live alone	31.2%
Live with spouse	49.9%
Live with spouse/others	7.0%
Live with others	11.6%
Don't know/Refused	0.4%
Marital Status/ Living Arrangement	
Live alone	31.2%
Married, live with spouse	56.8%
Live with others	11.6%
Don't know/Refused	0.4%

Percent of Race by Age

Kansas City Metro	White	Other	Don't know/ Refused
ALL	87.5%	11.9%	0.7%
Age			
60-64	89.6%	10.4%	0.0%
65-74	87.2%	11.4%	1.4%
75-84	85.3%	14.8%	0.0%
85+	92.2%	7.8%	0.0%
60-74	87.9%	11.1%	1.0%
75+	86.4%	13.6%	0.0%
Average Age	71.3	71.0	69.4

Percent of Marital Status/Living Arrangement by Age Groups, Sex and Race

Kansas City Metro	Live alone	Married	Live with others
ALL	31.2%	56.8%	11.6%
Age			
60-64	22.2%	68.3%	9.5%
65-74	23.6%	61.1%	15.0%
75-84	46.8%	44.0%	8.2%
85+	50.8%	43.2%	6.0%
60-74	23.2%	63.2%	13.4%
75+	47.5%	43.8%	7.9%
Average Age	74.0	70.0	70.3
Sex			
Male	22.2%	70.0%	7.8%
Female	37.5%	47.6%	14.1%
Race			
White	30.6%	60.2%	8.7%
Other	37.3%	29.9%	32.8%

Population of the Sample

Kansas City Metro	Percent
	100.0%
Education	
No school	0.2%
Grades 1 through 8	6.5%
Grades 9 through 11	8.9%
Grade 12 or GED	41.4%
College 1-3 years	21.1%
College degree or more	21.7%
Refused	0.2%
Employment Status	
Employed for wages	17.5%
Self-employed	2.4%
Out of work	1.5%
Homemaker	4.5%
Student	0.2%
Retired	71.8%
Unable to work	2.2%
Household Income	
Less than \$10,000	8.0%
\$10,000-\$14,999	10.7%
\$15,000-\$19,999	11.0%
\$20,000-\$24,999	5.5%
\$25,000-\$34,999	13.4%
\$35,000-\$49,999	9.9%
\$50,000-\$74,999	7.4%
\$75,000 or more	6.9%
Don't know	10.7%
Refused	16.5%

Percent of Household Income by Age Groups, Sex and Race

Kansas City Metro	Less than \$10,000	\$10,000-\$24,999	\$25,000+	Don't know/Refused
ALL	8.0%	27.2%	37.5%	27.2%
Age				
60-74	7.2%	24.0%	43.8%	25.0%
75+	9.2%	34.6%	24.5%	31.8%
Average Age	72.9	72.8	69.5	71.8
Sex				
Male	6.4%	27.3%	49.0%	17.4%
Female	9.1%	27.3%	29.5%	34.1%
Race				
White	5.3%	25.4%	42.3%	27.1%
Other	28.7%	42.9%	4.5%	23.9%
Living Arrangement				
Live alone	15.7%	36.2%	22.6%	25.4%
Married	1.6%	23.2%	48.5%	26.7%
Live with others	18.9%	24.2%	24.7%	32.2%

Percent of Educational Attainment by Age Groups, Sex and Race

Kansas City Metro	Less than High School	High School	More than High School	Don't know/Refused
ALL	15.6%	41.4%	42.8%	0.2%
Age				
60-74	14.6%	42.2%	43.0%	0.3%
75+	17.9%	39.2%	42.9%	0.0%
Average Age	72.1	71.0	71.3	71.0
Sex				
Male	14.0%	38.4%	47.2%	0.4%
Female	16.8%	43.5%	39.7%	0.0%
Race				
White	12.4%	41.8%	45.6%	0.2%
Other	37.4%	40.8%	21.8%	0.0%

Data Tables

Health Status

Kansas City Metro	Percent	Persons
	100.0%	163,123
Self-rated health (Q1)		
Excellent	12.1%	19,738
Very Good	30.3%	49,426
Good	31.3%	51,057
Fair	18.0%	29,362
Poor	8.3%	13,539
Excellent, Very Good, Good	73.7%	120,222
Fair, Poor	26.3%	42,901
Limited in activities because of any impairment/health problem (Q94)		
Yes	29.3%	47,795
No	70.6%	115,165
Don't know/Refused	0.2%	326
Major impairment/health problem (Q95)		
Arthritis/Rheumatism	6.7%	10,929
Walking problem	3.3%	5,383
Lung/breathing problem	3.0%	4,894
Heart problem	2.8%	4,567
Back/neck problem	2.4%	3,915
Stroke problem	2.0%	3,262
Diabetes	1.8%	2,936
Eye/vision problem	1.0%	1,631
Fractures, bone/joint injury	0.7%	1,142
Cancer	0.6%	979
Hypertension/High blood press	0.6%	979
Hearing problem	0.2%	326
Other impairment/problem	4.2%	6,851
Have no impairment	70.7%	115,328
Have trouble learning, remembering, concentrating (Q96)		
Yes	13.6%	22,185
No	85.9%	140,123
Don't know/Refused	0.5%	816

Percent of Health Limitations by Selected Demographics

Kansas City Metro	Limited	Not Limited
ALL	29.3%	70.7%
Age		
60-74	29.1%	71.0%
75+	29.6%	70.5%
Average Age	71.6	71.5
Sex		
Male	25.6%	74.5%
Female	31.9%	68.1%
Race		
White	28.2%	71.8%
Other	33.6%	66.4%
Education		
< High School	41.3%	58.7%
High School	28.9%	71.1%
> High School	25.0%	75.0%
Income		
< \$10,000	35.4%	64.6%
\$10-\$24,999	30.7%	69.3%
\$25,000+	24.6%	75.4%
Don't know/Refused	32.4%	67.6%
Self-Rated Health		
Excellent	4.4%	95.6%
Very Good	13.3%	86.7%
Good	27.4%	72.7%
Fair	53.9%	46.1%
Poor	77.9%	22.1%

Health Status

Kansas City Metro	Percent	Persons
	100.0%	163,123
Days of poor physical health (Q2)		
None	65.5%	106,846
1-7 days/1 week	10.2%	16,639
8-14 days/2 weeks	4.2%	6,851
15-21 days/3 weeks	3.1%	5,057
22-29 days/4 weeks	0.2%	326
30 days/All month	13.9%	22,674
Don't know/Refused	3.0%	4,894
Days of poor mental health (Q3)		
None	82.1%	133,924
1-7 days/1 week	7.2%	11,745
8-14 days/2 weeks	1.5%	2,447
15-21 days/3 weeks	1.7%	2,773
22-29 days/4 weeks	0.3%	489
30 days/All month	4.2%	6,851
Don't know/Refused	3.0%	4,894
Days poor physical/mental health limited activities (Q4)		
None	83.0%	135,392
1-7 days/1 week	5.1%	8,319
8-14 days/2 weeks	1.3%	2,121
15-21 days/3 weeks	3.6%	5,872
22-29 days/4 weeks	0.0%	0
30 days/All month	6.4%	10,440
Don't know/Refused	0.6%	979
Days where pain made it hard to do activities (Q97)		
None	77.3%	126,094
1-7 days/1 week	7.4%	12,071
8-14 days/2 weeks	1.5%	2,447
15-21 days/3 weeks	2.9%	4,731
22-29 days/4 weeks	0.7%	1,142
30 days/All month	8.9%	14,518
Don't know/Refused	1.3%	2,121

Kansas City Metro	Percent	Persons
	100.0%	163,123
Days felt sad, blue or depressed (Q98)		
None	72.4%	118,101
1-7 days/1 week	15.1%	24,632
8-14 days/2 weeks	2.4%	3,915
15-21 days/3 weeks	2.3%	3,752
22-29 days/4 weeks	0.3%	489
30 days/All month	4.7%	7,667
Don't know/Refused	2.7%	4,404
Days felt worried, tense or anxious (Q99)		
None	67.2%	109,619
1-7 days/1 week	18.1%	29,525
8-14 days/2 weeks	2.4%	3,915
15-21 days/3 weeks	2.3%	3,752
22-29 days/4 weeks	0.3%	489
30 days/All month	4.9%	7,993
Don't know/Refused	4.8%	7,830
Days did not get enough rest or sleep (Q100)		
None	62.3%	101,626
1-7 days/1 week	17.1%	27,894
8-14 days/2 weeks	5.0%	8,156
15-21 days/3 weeks	5.2%	8,482
22-29 days/4 weeks	1.0%	1,631
30 days/All month	7.2%	11,745
Don't know/Refused	2.2%	3,589
Days felt very healthy & full of energy (Q101)		
None	19.2%	31,320
1-7 days/1 week	5.4%	8,809
8-14 days/2 weeks	4.1%	6,688
15-21 days/3 weeks	13.2%	21,532
22-29 days/4 weeks	10.4%	16,965
30 days/All month	39.9%	65,086
Don't know/Refused	7.8%	12,724

Data Tables

Health Status

Kansas City Metro	Percent	Persons
	100.0%	163,123
Participate in physical activities/exercise (Q123)		
Yes	60.3%	98,363
No	38.8%	63,292
Don't know/Refused	0.8%	1,305
Type of physical activity/exercise (Q124)		
Walking	38.9%	63,455
Gardening	7.2%	11,745
Home/Health Club exercise	3.3%	5,383
Golf	2.2%	3,589
Aerobics class	1.2%	1,957
Mowing lawn	1.0%	1,631
Other	6.4%	10,440
None	39.7%	64,760
Refused	0.2%	326
Distance usually walk/run (Q125)		
Do not walk/run/jog	60.7%	99,016
Less than 1 mile	9.8%	15,986
1 mile	7.1%	11,582
1.1-1.5 miles	5.8%	9,461
1.6-2.0 miles	8.8%	14,355
2.1-3.0 miles	3.4%	5,546
3.1-6.0 miles	1.5%	2,447
Don't know/Refused	3.0%	4,894
Frequency of physical activity/exercise (Q126)		
Do not participate	39.8%	64,923
Every day	10.8%	17,617
1-3 times a week	25.9%	42,249
4-6 times a week	18.9%	30,830
1-4 times a month	3.4%	5,546
Don't know/Refused	1.3%	2,121

Kansas City Metro	Percent	Persons
	100.0%	163,123
Duration of physical activity (Q127)		
Do not participate	39.8%	64,923
20 minutes or less	10.3%	16,802
21-30 minutes	16.8%	27,405
31-60 minutes	20.0%	32,625
1-2 hours	5.4%	8,809
More than 2 hours	5.8%	9,461
Don't know/Refused	1.9%	3,099
Flu shot in past year (Q91)		
Yes	62.3%	101,626
No	34.7%	56,604
Where received flu shot (Q92)		
A doctor's office or HMO	32.1%	52,362
A store	14.3%	23,327
Another type of clinic	8.5%	13,865
Hospital/emergency room	2.9%	4,731
A health department	1.6%	2,610
Senior, rec/community center	1.6%	2,610
Workplace	1.5%	2,447
Other	2.6%	4,241
Don't know/Refused	0.2%	326
Did not get a flu shot	34.7%	56,604
Had pneumonia vaccination (Q93)		
Yes	52.5%	85,640
No	44.1%	71,937
Don't know/Refused	3.4%	5,546

Functional Status: Activities of Daily Living

(Q5-Q33, Q46-Q49)	<i>EATING</i>		<i>BATHING</i>		<i>DRESSING/ GROOMING</i>		<i>TOILETING</i>	
<i>Kansas City Metro</i>	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	163,123	100.0%	163,123	100.0%	163,123	100.0%	163,123
Need help to do								
Without help	100.0%	163,123	96.9%	158,066	97.4%	158,882	98.6%	160,839
With help	0.0%	0	3.1%	5,057	2.6%	4,241	1.4%	2,284
Who helps								
No one	NA	NA	0.3%	489	0.0%	0	0.0%	0
Professional	NA	NA	1.3%	2,121	0.4%	652	0.0%	0
Spouse	NA	NA	1.0%	1,631	0.6%	979	0.3%	489
Other family member	NA	NA	0.2%	326	0.7%	1,142	0.0%	0
Non-relative	NA	NA	0.3%	489	0.9%	1,468	0.9%	1,468
Other	NA	NA	0.0%	0	0.0%	0	0.2%	326
Do not need help	NA	NA	96.9%	158,066	97.4%	158,882	98.6%	160,839
Enough help								
All/Most of the time	NA	NA	1.7%	2,773	2.4%	3,915	1.0%	1,631
Some of the time/Seldom	NA	NA	1.1%	1,794	0.0%	0	0.2%	326
Never	NA	NA	0.0%	0	0.2%	326	0.0%	0
Don't know/Refused	NA	NA	0.0%	0	0.0%	0	0.2%	326
Have no help	NA	NA	0.3%	489	0.0%	0	0.0%	0
Do not need help	NA	NA	96.9%	158,066	97.4%	158,882	98.6%	160,839

	<i>GETTING IN/OUT OF BED</i>		<i>WALKING</i>		<i>GETTING AROUND HOUSE</i>		<i>GETTING OUTDOORS</i>	
<i>Kansas City Metro</i>	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	163,123	100.0%	163,123	100.0%	163,123	100.0%	163,123
Need help to do								
Without help	98.9%	161,329	88.2%	143,874	97.3%	158,719	93.2%	152,031
With help	1.1%	1,794	11.8%	19,249	2.7%	4,404	6.8%	11,092
Who helps								
No one	0.0%	0	3.4%	5,546	1.2%	1,957	1.4%	2,284
Professional	0.0%	0	0.0%	0	0.0%	0	0.8%	1,305
Spouse	0.2%	326	0.8%	1,305	0.3%	489	1.9%	3,099
Other family member	0.0%	0	0.3%	489	0.2%	326	2.0%	3,262
Non-relative	0.9%	1,468	0.0%	0	0.0%	0	0.2%	326
Other	0.0%	0	7.2%	11,745	1.0%	1,631	0.5%	816
Do not need help	98.9%	161,329	88.2%	143,874	97.3%	158,719	93.2%	152,031
Enough help								
All/Most of the time	1.1%	1,794	6.8%	11,092	1.3%	2,121	4.8%	7,830
Some of the time/Seldom	0.0%	0	1.5%	2,447	0.2%	326	0.4%	652
Never	0.0%	0	0.2%	326	0.0%	0	0.2%	326
Have no help	0.0%	0	3.4%	5,546	1.2%	1,957	1.4%	2,284
Do not need help	98.9%	161,329	88.2%	143,874	97.3%	158,719	93.2%	152,031

Data Tables

Functional Status: Instrumental Activities of Daily Living (IADLs)

(Q34-Q45, Q50-Q65)	NORMAL HOUSEWORK		HEAVY CLEANING		USING THE TELEPHONE		SHOPPING	
Kansas City Metro	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	163,123	100.0%	163,123	100.0%	163,123	100.0%	163,123
Need help to do								
Without help	92.1%	150,236	67.8%	110,597	99.5%	162,307	89.2%	145,506
With help	7.9%	12,887	32.2%	52,526	0.5%	816	10.8%	17,617
Who helps								
No one	0.8%	1,305	2.2%	3,589	0.2%	326	0.5%	816
Professional	2.1%	3,426	5.1%	8,319	0.0%	0	0.9%	1,468
Spouse	1.5%	2,447	8.4%	13,702	0.0%	0	4.4%	7,177
Other family member	1.6%	2,610	9.0%	14,681	0.0%	0	3.6%	5,872
Non-relative	0.7%	1,142	5.2%	8,482	0.0%	0	1.2%	1,957
Other	1.2%	1,957	2.3%	3,752	0.3%	489	0.3%	489
Do not need help	92.1%	150,236	67.8%	110,597	99.5%	162,307	89.2%	145,506
Enough help								
All/Most of the time	5.1%	8,319	23.8%	38,823	0.3%	489	8.9%	14,518
Some of the time/Seldom	2.0%	3,262	5.8%	9,461	0.0%	0	1.3%	2,121
Never	0.0%	0	0.2%	326	0.0%	0	0.0%	0
Don't know/Refused	0.0%	0	0.2%	326	0.0%	0	0.2%	326
Have no help	0.8%	1,305	2.2%	3,589	0.2%	326	0.5%	816
Do not need help	92.1%	150,236	67.8%	110,597	99.5%	162,307	89.2%	145,506

	PREPARING MEALS		TAKING MEDICATIONS		MANAGING MONEY	
Kansas City Metro	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	163,123	100.0%	163,123	100.0%	163,123
Need help to do						
Without help	92.1%	150,236	97.1%	158,392	94.8%	154,641
With help	7.9%	12,887	2.9%	4,731	5.2%	8,482
Who helps						
No one	1.1%	1,794	0.0%	0	0.0%	0
Professional	0.4%	652	0.0%	0	0.2%	326
Spouse	4.0%	6,525	0.0%	0	2.6%	4,241
Other family member	1.8%	2,936	0.0%	0	2.2%	3,589
Non-relative	0.2%	326	0.0%	0	0.0%	0
Other	0.4%	652	0.0%	0	0.2%	326
Do not need help	92.1%	150,236	97.1%	158,392	94.8%	154,641
Not asked	NA	NA	2.9%	4,731	NA	NA
Enough help						
All/Most of the time	6.6%	10,766	0.0%	0	4.7%	7,667
Some of the time/Seldom	0.2%	326	0.0%	0	0.2%	326
Never	0.0%	0	0.0%	0	0.2%	326
Don't know/Refused	0.0%	0	0.0%	0	0.2%	326
Have no help	1.1%	1,794	0.0%	0	0.0%	0
Do not need help	92.1%	150,236	97.1%	158,392	94.8%	154,641
Not asked	NA	NA	2.9%	4,731	NA	NA

Service Awareness and Use

<i>Kansas City Metro</i>	Percent	Persons	<i>Kansas City Metro</i>	Percent	Persons
	100.0%	163,123		100.0%	163,123
Talk to about getting help with personal care (Q66)			Home-delivered meals available in community (Q68)		
Child/Family	26.3%	42,901	Yes	76.0%	123,973
Spouse	20.0%	32,625	No	3.7%	6,036
Physician	14.5%	23,653	Don't know/Refused	20.3%	33,114
Social service agency	7.3%	11,908	Need/Receiving home-delivered meals (Q69-Q70)		
Other relative	2.4%	3,915	Need it & am not receiving it	1.5%	2,447
Friend/Neighbor	1.1%	1,794	Need it & am receiving it	3.2%	5,220
Clergy/Minister/Priest/Rabbi	1.0%	1,631	Not need it but am receiving	5.7%	9,298
Other	6.1%	9,951	Do not need this service	89.6%	146,158
No one else, decide by myself	0.7%	1,142	Why not receiving home-delivered meals (Q71)		
Does not need assistance	2.2%	3,589	Don't like service provided	0.2%	326
Don't know/Refused	18.4%	30,015	Service doesn't meet needs	0.2%	326
Talk to about getting help with day-to-day activities (Q67)			Other	1.0%	1,631
Child/Family	31.4%	51,221	Don't know/Refused	0.2%	326
Spouse	24.5%	39,965	Am receiving service	8.9%	14,518
Social service agency	7.0%	11,419	Do not need service	89.6%	146,158
Physician	5.5%	8,972	Provide with enough meals (Q72)		
Friend/Neighbor	2.9%	4,731	Yes	2.6%	4,241
Other Relative	2.2%	3,589	No	0.6%	979
Clergy/Minister/Priest/Rabbi	0.8%	1,305	Not receiving this service	91.1%	148,605
Other	5.8%	9,461	Not asked	5.7%	9,298
No one else, decide by myself	1.0%	1,631	Concerned about having enough food (Q142)		
Does not need assistance	2.6%	4,241	Yes	2.4%	3,915
Don't know/Refused	16.3%	26,589	No	96.6%	157,577
Agency would contact about aging services in community (Q88)			Don't know/Refused	1.0%	1,631
MO Division of Senior Services	13.5%	22,022			
MO Div of Family Services	8.6%	14,029			
Local Senior Center	6.8%	11,092			
Area Agency on Aging	5.6%	9,135			
MO Dept of Health	3.7%	6,036			
Other	16.4%	26,752			
Don't know	45.4%	74,058			
Aware of toll-free number for information and referral (Q89)					
Yes	27.5%	44,859			
No	71.7%	116,959			
Don't know	0.8%	1,305			

Data Tables

Service Awareness and Use

Percent Aware of, Receiving & Needing Home-Delivered Meals by Selected Demographics

<i>Kansas City Metro</i>	Aware	Receiving	Unmet Need
All	76.0%	8.9%	2.0%
Age			
60-74	74.4%	7.5%	1.4%
75+	79.5%	11.9%	3.4%
Average Age	71.7	73.0	74.3
Sex			
Male	74.8%	8.6%	1.4%
Female	76.8%	9.1%	2.4%
Race			
White	77.0%	8.3%	1.1%
Other	70.3%	13.9%	8.8%
Income			
< \$10,000	81.9%	11.5%	7.4%
\$10-\$24,999	74.9%	8.0%	1.9%
\$25,000+	82.2%	6.3%	0.0%
Don't know/Refused	66.8%	12.7%	3.4%
Living Arrangement			
Live alone	80.0%	8.2%	3.4%
Married	74.4%	9.3%	0.0%
Live with others	72.1%	9.4%	8.3%

Percent Aware Of & Go To Senior Center by Selected Demographics

<i>Kansas City Metro</i>	Aware	Go To
ALL	63.0%	12.1%
Age		
60-74	61.7%	8.1%
75+	65.7%	20.9%
Average Age	71.6	76.6
Sex		
Male	60.7%	13.6%
Female	64.6%	11.1%
Race		
White	63.3%	12.6%
Other	61.6%	9.0%
Income		
< \$10,000	65.0%	18.4%
\$10-\$24,999	65.1%	14.0%
\$25,000+	68.5%	10.5%
Don't know/Refused	52.7%	10.6%
Living Arrangement		
Live alone	70.2%	19.7%
Married	60.1%	9.6%
Live with others	56.2%	4.6%

<i>Kansas City Metro</i>	Percent	Persons
	100.0%	163,123
Senior center in community (Q73)		
Yes	63.0%	102,767
No	8.4%	13,702
Don't know/Refused	28.6%	46,653
Go to a Senior Center (Q74)		
Yes	12.1%	19,738
No	87.9%	143,385
Why not go to a Senior Center (Q75)		
Not available	37.0%	60,356
Don't need services offered	21.9%	35,724
Not interested in services	10.9%	17,780
Not convenient	3.7%	6,036
Not old enough to go	1.0%	1,631
Services needed not offered	1.0%	1,631
No transportation	0.9%	1,468
Don't feel welcome/belong	0.3%	489
Other	9.7%	15,823
Don't know/Refused	1.4%	2,284
I go to a Senior Center	12.1%	19,738

Service Awareness and Use

<i>Kansas City Metro</i>	Percent	Persons	<i>Kansas City Metro</i>	Percent	Persons
	100.0%	163,123		100.0%	163,123
Assistance filling out forms available in community (Q76)			How often lack of transportation a problem (Q80)		
Yes	43.2%	70,469	Always	2.1%	3,426
No	9.1%	14,844	Nearly always	0.8%	1,305
Don't know/Refused	47.8%	77,973	Sometimes	2.8%	4,567
Need/Receiving assistance with forms (Q77-Q78)			Seldom	4.7%	7,667
Need it & am not receiving it	0.5%	816	Never	89.4%	145,832
Need it & am receiving it	3.0%	4,894	Don't know/Refused	0.2%	326
Not need it but am receiving	6.7%	10,929	How often need to use public transportation (Q81)		
Do not need this service	33.0%	53,831	Always	1.5%	2,447
Not asked	56.8%	92,654	Nearly always	1.6%	2,610
Why not receiving assistance with forms (Q79)			Sometimes	1.0%	1,631
Don't know/Refused	0.2%	326	Seldom	8.5%	13,865
Other	0.3%	489	Never	86.8%	141,591
Receiving assistance with forms	9.7%	15,823	Don't know/Refused	0.5%	816
Don't need service	33.0%	53,831	Public transportation system available (Q82)		
Not asked	56.8%	92,654	Yes	51.1%	83,356
			No	43.4%	70,795
Percent Receiving & Needing Assistance Filling Out Forms by Selected Demographics			Don't know	5.5%	8,972
<i>Kansas City Metro</i>	Available	Receiving	Unmet Need		
ALL	43.2%	22.5%	1.2%	Public transportation meet all transportation needs (Q83)	
Age				Yes	10.2%
60-74	43.5%	23.8%	0.0%	No	2.4%
75+	42.6%	20.0%	3.7%	Don't use public transportation	87.1%
Average Age	71.8	72.0	81.0	Don't know	0.3%
Sex				Why public transportation doesn't meet all needs (Q84)	
Male	46.7%	19.9%	1.8%	Day/Hour/Timing of service	0.9%
Female	40.7%	24.6%	0.7%	Destination outside area served	0.5%
Race				Physically unable to get to	0.2%
White	56.6%	20.9%	1.3%	Not disability-accessible	0.2%
Other	43.9%	14.8%	0.0%	Would not feel safe	0.2%
Income				Other	0.4%
< \$10,000	38.6%	54.6%	0.0%	Use public trans/meets needs	10.2%
\$10-\$24,999	46.5%	19.1%	0.0%	Don't use public transportation	87.1%
\$25,000+	45.1%	14.8%	2.1%	Don't know/Refused	0.3%
Don't know/Refused	38.5%	29.3%	1.5%		
Living Arrangement					
Live alone	46.6%	23.3%	1.1%		
Married	42.5%	20.5%	1.5%		
Live with others	37.5%	31.7%	0.0%		

Note: Percentages for **Receiving** & **Unmet Need** are based on those who were asked the question.

Data Tables

Service Awareness and Use

Percent For Whom Lack of Transportation is a Problem Always, Nearly Always or Sometimes by Selected Demographics

Kansas City Metro	Lack of transportation is a problem
ALL	5.7%
Age	
60-74	4.4%
75+	8.3%
Average Age	74.7
Sex	
Male	1.4%
Female	8.6%
Race	
White	4.6%
Other	14.3%
Income	
< \$10,000	19.1%
\$10-\$24,999	6.5%
\$25,000+	1.3%
Don't know/Refused	6.9%
Living Arrangement	
Live alone	7.9%
Married	2.5%
Live with others	14.9%

Kansas City Metro	Percent	Persons
	100.0%	163,123
Transportation service available where can call in advance (Q85)		
Yes	53.1%	86,618
No	9.7%	15,823
Don't know	37.2%	60,682
Transportation service meet all transportation needs (Q86)		
Yes	6.5%	10,603
No	1.7%	2,773
Don't use a service	91.5%	149,258
Don't know	0.3%	489
Why transportation service doesn't meet all needs (Q87)		
Day/Hour/Timing of service	0.2%	326
Destination outside service area	0.5%	816
Other	0.6%	979
Use service & meets my needs	6.5%	10,603
Don't use service	91.5%	149,258
Don't know	0.6%	979
Need a daily check by someone (Q138-Q139)		
Need it & am not receiving it	0.9%	1,468
Need it & am receiving it	4.2%	6,851
Do not need this service	93.7%	152,846
Don't know/Refused	1.2%	1,957

Percent Receiving & Needing a Daily Check by Selected Demographics

Kansas City Metro	Receive	Unmet Need
ALL	4.2%	0.9%
Age		
60-74	4.3%	0.6%
75+	4.1%	1.6%
Average Age	71.5	76.2
Sex		
Male	2.9%	1.4%
Female	5.2%	0.5%
Race		
White	3.1%	0.8%
Other	12.5%	2.0%
Income		
< \$10,000	10.9%	2.0%
\$10-\$24,999	7.5%	1.4%
\$25,000+	0.4%	0.0%
Don't know/Refused	4.2%	1.3%
Living Arrangement		
Live alone	8.4%	1.0%
Married	1.7%	1.0%
Live with others	5.3%	0.0%

Health Care

Kansas City Metro	Percent	Persons
	100.0%	163,123
Health coverage use to pay for most of medical care (Q117-120)		
Medicare	80.4%	131,151
Through your employer	9.4%	15,334
Through someone else's employer	4.1%	6,688
A plan that you buy on your own	1.7%	2,773
Some other source	1.1%	1,794
Military, CHAMPUS, TriCare	0.4%	652
Medicaid or Medical Assistance	0.5%	816
None	1.8%	2,936
Don't know/Refused	0.6%	979
Time during the last 12 months when needed to see a doctor but could not because of the cost (Q121)		
Yes	2.9%	4,731
No	96.6%	157,577
Don't know/Refused	0.5%	816
Time during the last 12 months when needed to see a doctor but could not because of the lack of transportation (Q122a)		
Yes	1.5%	2,447
No	97.9%	159,697
Don't know/Refused	0.6%	979
Time during the last 12 months when needed to see a doctor but could not because could not get an appointment (Q122b)		
Yes	8.0%	13,050
No	91.3%	148,931
Don't know/Refused	0.6%	979

Health Care Coverage by Age Groups, Race and Income

Kansas City Metro	Medicare	Through Employer	Other	Have no coverage
ALL	80.4%	13.5%	3.7%	1.8%
Age				
60-74	72.8%	18.9%	5.3%	2.4%
75+	96.2%	2.2%	0.5%	0.6%
Race				
White	80.6%	14.7%	3.9%	0.6%
Other	77.3%	5.6%	2.9%	10.8%
Income				
< \$10,000	90.1%	0.0%	2.9%	0.0%
\$10,000+	81.3%	14.4%	2.8%	1.5%
Don't know/Refused	75.3%	15.4%	6.1%	3.2%

Kansas City Metro	Percent	Persons
	100.0%	163,123
Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicaid (Q122c)		
Yes	1.3%	2,121
No	97.0%	158,229
Don't know/Refused	1.7%	2,773
Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicare (Q122d)		
Yes	1.3%	2,121
No	97.6%	159,208
Don't know/Refused	1.1%	1,794
Time during the last 12 months when needed to see a doctor but could not because of limited hours/days service is available (Q122e)		
Yes	4.8%	7,830
No	93.7%	152,846
Don't know/Refused	1.6%	2,610
Time during the last 12 months when needed to see a doctor but could not take time off work (Q122f)		
Yes	0.6%	979
No	98.7%	161,002
Don't know/Refused	0.6%	979
Time during the last 12 months when needed to see a doctor but could not because of other reasons (Q122g)		
Yes	2.3%	3,752
No	96.7%	157,740
Don't know/Refused	1.0%	1,631

Data Tables

Social Support

<i>Kansas City Metro</i>	Percent	Persons
	100.0%	163,123
Talk on the telephone (Q132)		
Every day	61.0%	99,505
Several times a week	23.7%	38,660
Once a week	6.9%	11,255
Less than once a week	3.2%	5,220
Almost never	1.4%	2,284
Don't know/Refused	3.8%	6,199
Visit someone who does not live with you (Q133)		
Every day	20.2%	32,951
Several times a week	40.6%	66,228
Once a week	21.2%	34,582
Less than once a week	10.5%	17,128
Almost never	4.1%	6,688
Don't know/Refused	3.4%	5,546
Number of close friends who would help with emotional problems (Q134)		
None	5.4%	8,809
One	7.6%	12,397
Two	13.2%	21,532
Three or more	63.8%	104,072
Don't know/Refused	10.1%	16,475
Someone who would care for you (Q135)		
Yes	85.2%	138,981
No	8.6%	14,029
Don't know/Refused	6.2%	10,114
Length of time could provide care (Q136)		
No one to care for me	8.6%	14,029
As long as needed	62.7%	102,278
Only for a short time	10.9%	17,780
Only now and again	4.1%	6,688
Don't know/Refused	13.7%	22,348
Relationship to caregiver (Q137)		
No one to care for me	8.6%	14,029
Spouse	29.3%	47,795
Child	33.8%	55,136
Grandchild	1.6%	2,610
Other relative	4.6%	7,504
Friend/Neighbor	5.6%	9,135
Other	2.6%	4,241
Don't know/Refused	6.4%	10,440

<i>Kansas City Metro</i>	Percent	Persons
	100.0%	163,123
Other(s) in household limited by impairment/health problem (Q140)		
Yes	17.2%	28,057
No	52.6%	85,803
No others in household	30.3%	49,426
Refused	0.8%	1,305
Caregiver for another person (Q141)		
Yes	13.9%	22,674
No	54.1%	88,250
Refused	0.8%	1,305
No others in household	30.3%	49,426
Preference if needed help at home (Q143)		
In-home service agency	32.6%	53,178
Find and hire by oneself	34.6%	56,441
Don't know/Refused	32.8%	53,504

Percent with No Possible Caregiver

<i>Kansas City Metro</i>	No Caregiver
ALL	8.6%
Age	
60-74	8.0%
75+	9.3%
Sex	
Male	6.2%
Female	10.2%
Race	
White	9.0%
Other	6.0%
Income	
Less than \$10,000	8.0%
\$10,000+	8.9%
Fair or Poor Health	
Yes	11.2%
No	7.6%
Functionally Limited	
Yes	10.6%
No	7.2%
Living Arrangement	
Live alone	16.2%
Married	4.6%
Live with others	7.5%

Social Support

<i>Kansas City Metro</i>	Percent	Persons	<i>Kansas City Metro</i>	Percent	Persons
	100.0%	163,123		100.0%	163,123
Own or rent (Q129)			Discriminated against because of age (Q145)		
Own	81.6%	133,108	Most of the time	0.7%	1,142
Rent	15.3%	24,958	Some of the time	1.9%	3,099
Other	2.0%	3,262	Seldom	8.8%	14,355
Don't know/Refused	1.1%	1,794	Never	86.6%	141,265
Type of housing (Q130)			Don't know/Refused	2.0%	3,262
House	80.8%	131,803	Discriminated against because of race (Q146)		
Apartment	7.3%	11,908	Most of the time	0.0%	0
Retirement home	3.6%	5,872	Some of the time	1.6%	2,610
Mobile home	2.6%	4,241	Seldom	3.5%	5,709
Duplex	2.0%	3,262	Never	92.3%	150,563
Condo	1.6%	2,610	Don't know/Refused	2.6%	4,241
Other	1.2%	1,957	Racial or ethnic discrimination prevented receipt of needed services (Q147)		
Refused	0.8%	1,305	Yes	0.4%	652
Time lived at current residence (Q131)			No	4.3%	7,014
1-5 months	1.6%	2,610	Don't know/Refused	0.6%	979
6-11 months	0.9%	1,468	No discrimination	94.7%	154,477
12-23 months	2.4%	3,915	Know of elder abuse/neglect in community (Q148)		
2 or more years	94.3%	153,825	Yes	1.9%	3,099
Refused	0.8%	1,305	No	95.9%	156,435
Considering moving to a place where can get more help (Q144)			Don't know/Refused	2.2%	3,589
Within the next six months	0.7%	1,142	Kind of abuse/neglect (Q149) (More than one response accepted)		
Within one year	0.7%	1,142	Physical	1.0%	1,631
In one or two years	1.4%	2,284	Emotional	1.1%	1,794
Sometime in the future	11.9%	19,412	Financial	0.8%	1,305
Not considering moving	81.7%	133,271	Do not know of any abuse	96.9%	158,066
Don't know/Refused	3.6%	5,872	Aware of abuse/neglect hotline (Q90)		
Neighborhood safe from crime (Q128)			Yes	31.4%	51,221
Extremely safe	25.0%	40,781	No	66.7%	108,803
Quite safe	54.5%	88,902	Don't know/Refused	1.9%	3,099
Slightly safe	16.9%	27,568			
Not at all safe	1.5%	2,447			
Don't know/Refused	2.1%	3,426			

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**2000 Missouri Older Adult Needs Assessment
City of Kansas City**

**Missouri Area Agencies on Aging
Missouri Department of Health and Senior Services**

March 2003

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Population

- As the “baby boom” generation begins to gray, the older population is expected to double in the United States over the next 30 years.
- Missouri’s age 65 and older population has increased 5% from 1990 to 2000; the 85+ age group increased 21%. The city of Kansas City has experienced decreases of 5% in the 65+ age group and 2% in the 85+ age population.
- The age of seniors surveyed ranges in years from 60 to 98, with an average of 72 years. Women account for 62% of seniors surveyed.
- Marital status and living arrangement are closely linked to an older adult’s income, health status and the availability of caregivers. Marital status and living arrangement vary among age and sex. As age increases, the number of seniors living alone significantly increases. Men are more likely than women to be married at every age level.
- Household income decreases as age increases. Men are more likely than women to report incomes of \$25,000 or greater.

Health Status

- Self-rated health is a simple but informative summary measure of health. Two-thirds of seniors assess their health as good, very good or excellent while 33% rate their health as fair or poor. As age increases, negative health evaluations increase.
- Self-rated health differs by socioeconomic indicators. The more education received, and the higher the reported income, the better the health rating.
- Over one-third of seniors, 35%, are limited in activities because of an impairment or health problem.

Functional Status

- Functional limitation and whether a person receives assistance serve as key indicators of an older person’s ability to live independently and remain in the community. Forty percent need help in performing one or more everyday activities. As age increases, functional limitations increase.
- The majority of seniors are receiving the necessary help with their everyday activities, most often aided by family members. Yet, 17% are not getting the help or need more help. Walking is the activity of daily living (ADL) for which assistance is most often not received. Heavy cleaning is the most likely instrumental activity of daily living (IADL) for which there is an unmet need.

Service Awareness and Use

- Most seniors will talk with their families when they need someone to help with their personal care or day-to-day activities. There is a substantial number of elders though who do not know who they would speak with when they need help.
- Fifteen percent of older adults would contact the Division of Senior Services to find out about aging services in their community; 48% do not know which agency to contact. One-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services.
- Three-fourths of seniors are aware of home-delivered meals; 2% report receiving either home delivered meals or meals on wheels. Another 2% believe they need meals but are not getting them delivered, or feel the service they are getting does not provide them with enough meals.

Highlights

- Over half of older adults know of a senior center in their community where they can go to eat meals and participate in activities. Seven percent of older adults visit a center in their community.
- Assistance filling out Medicare, insurance or other forms is thought to be available in the community by 57% of seniors. Almost one-fourth, 22%, of older adults receive this help; another 2% could use such help.
- Lack of transportation is a problem for 8% of older adults. Women and lower income individuals more often report lack of transportation is a problem.
- Eight percent of seniors need to use a public transportation system, and it meets all the transportation needs for most who use it.
- Over half are aware of a transportation service where you can call in advance. Five percent report using this service, and for most, it meets all their transportation needs.
- The majority of elders, 92%, do not need a daily check by someone to be sure they are okay. Four percent of older adults receive such a check; 1% feel someone should check on them but no one is doing so.

Health Care

- Medicare is the most common health care coverage for those age 65 and older. The youngest old, ages 60 to 64, are most likely to be covered by an employer or through another source. Three percent, or an estimated 1,290 seniors, report having no health insurance.
- Cost and not being able to get an appointment are the most often cited reasons for not being able to see a doctor when necessary.

Social Support

- Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. Most seniors, 94%, talk on the telephone at least weekly. Face-to-face interactions occur less frequently but still 83% manage to visit someone outside their home at least once a week.
- Twelve percent of older adults, or an estimated 6,500 persons, have no one who would care for them if they became sick or disabled. For those who have a potential caregiver, it is most likely to be their child or spouse.
- Three-fourths of older adults own their home, 77% live in a house and almost 92% have lived at their current residence for two years or more. Two-thirds consider their neighborhoods to be extremely or quite safe from crime.
- Most older adults have never been discriminated against in the past year because of their age (84%) or their race (86%).
- Six percent of seniors are aware of older adults in their community who have been abused or neglected. One-fourth are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

Since 1900 the percentage of Americans age 65 and older has more than tripled. The older population will continue to grow significantly and is expected to double over the next 30 years as the "baby boom" generation begins to "gray".¹ The fastest growing segment of the older population is the group 85 years old and older.

Missouri's age 65 and older population has increased 5% from 1990 to 2000. Consistent with the nation, Missouri's 85+ age population has had the greatest rate of growth among age cohorts in the state, increasing 21% over the ten years.² While the state has seen its older population grow, the city of Kansas City has experienced a decrease, with the age 65 and older group dropping 5% and the 85+ age group, 2%.³

In America, and in Missouri as well, one can expect to spend a significant number of years in old age. Quality of life in later years is directly influenced by an older person's health and level of physical and cognitive functioning. Good health, the ability to live independently in the community and affordable health care are concerns not only for the older person but for society as a whole. Younger persons who care for their aging relatives face financial and emotional challenges. For society, the financing of health care services for seniors is a significant outlay of resources.⁴

In order to effectively address the needs of the older population in Missouri, quality data are needed for assessing functional status, health behaviors and needed assistance. The Missouri Department of Health and Senior Services (formerly the Department of Health and the Division of Aging within the Department of Social Services) and the ten Missouri Area Agencies on Aging (AAA) have conducted a statewide study of older adults, 60 years of age or older, and have targeted minority populations. Analysis of this information will serve as a foundation for program policies to address the needs of this growing population and to improve the quality of life for Missouri's seniors.

Survey Design and Administration

The Missouri Department of Health and Senior Services (DHSS), Division of Chronic Disease Prevention and Health Promotion (CDPHP) designed the needs assessment study, developed the survey questionnaire and conducted the telephone interviews. There were two phases to the study. The first phase sampled the entire state. The second phase targeted minority populations in metro Kansas City, metro St. Louis and the Bootheel region.

The statewide study was designed to provide statewide representation of the population aged 60 and older. A disproportionate stratified random sample was used, stratifying by regions that roughly correspond to DHSS districts. For the targeted survey, a disproportionate stratified random sample was also used in the Bootheel, St. Louis City and the city of Kansas City. Stratification was made proportionately to the county population. Zip codes with 40% African-Americans or more in St. Louis, 20% or more in Kansas City, and 18% or more in the Bootheel were oversampled. This report covers the targeted survey in city of Kansas City.

Trained interviewers from the CDPHP placed the calls and interviewed only respondents age 60 or older. Proxy respondents were allowed if the respondent was unable to speak on the telephone because of a hearing problem or physical disability. Interviewing occurred June 23, 2000 through March 8, 2001. A total of 2,757 surveys were completed for the statewide study; 445 targeted interviews were completed. Of the targeted surveys, 178 were completed among Kansas City city residents.

Analysis

The CDPHP applied the Behavioral Risk Factor Surveillance System (BRFSS) weighting formula to all data collected.⁵ Weighting allows for controlling all known sources of bias and a regional stratification adjustment and post-stratification weight to compensate for non-response and non-coverage of households without telephones. Upon weighting, sample proportions of selected demographic char-

Introduction

acteristics equal the estimated sample proportions of the population, based on 1990 Census data.

To arrive at population estimates based on 2000 Census data, sample percentages have been applied to the age 60 and older population obtained from the 2000 Census, excluding an estimate of the age 65+ institutionalized population. The institutionalized, age 65+ population from the 2000 Census is not yet available on a county level so an estimate of this population for the city of Kansas City has been determined using the following methodology. Statewide, 50% of the institutionalized population is age 65 or older; it has been assumed that 50% of the Kansas City city's institutionalized population is also age 65 and older. Half of the institutionalized population has then been deducted from the age 65 and older population, with the resulting total added to the 60-64 population to arrive at an estimate for the age 60+ population. This estimate has been used as the basis to provide further estimates of certain populations, as noted throughout the report and in the Data Tables section starting on page 22.

Chi-square tests and *t*-tests were conducted at the 95% confidence level to determine statistically significant differences. Where noted in the report, a significant difference means statistical significance at the 95% confidence level.

Report Organization

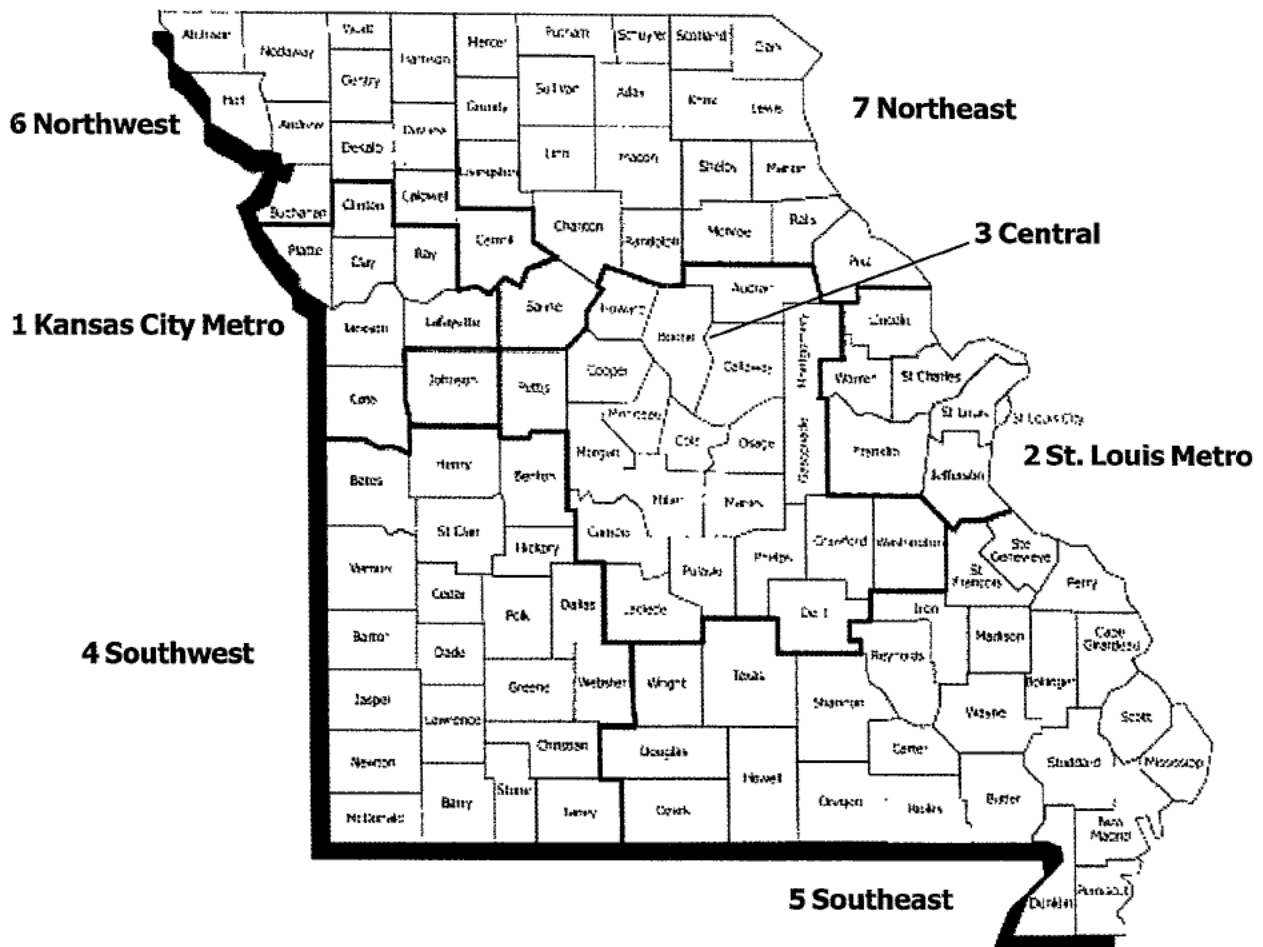
This report is a summary of the data collected from the targeted survey in the city of Kansas City. The first section details selected demographic characteristics of the older population. The second section covers health status measures and health habits while section three presents measures of functional status. Section four details awareness and usage of community aging services; section five highlights health care coverage and the last section covers issues regarding social activity, caregiving, discrimination, abuse and neglect, and neighborhood safety. A section of data tables at the end of the report provides supporting data and population estimates based on the 2000 U.S. Census non-institutionalized, age 60 and older population.

Population Estimate for the City of Kansas City	
65+ population	40,987
- 50.283% of institutionalized population	4,490
Estimated 65+, non-institutionalized population	36,497
+ 60-64 population	15,118
Estimated 60+, non-institutionalized population	51,615

References

- ¹ A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services
- ² Regional Profiles, OSEDA-Office of Social and Economic Data Analysis, www.oseda.missouri.edu/regional_profiles/pchseniorpop_1990_2000.html
- ³ Basic Demographic Profile Trend Report 1990-2000, Missouri Census Data Center, www.mcdc.missouri.edu
- ⁴ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.
- ⁵ National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Factor Surveillance System, www.cdc.gov/nccdphp/brfss/, Frequently Asked Questions (FAQs)

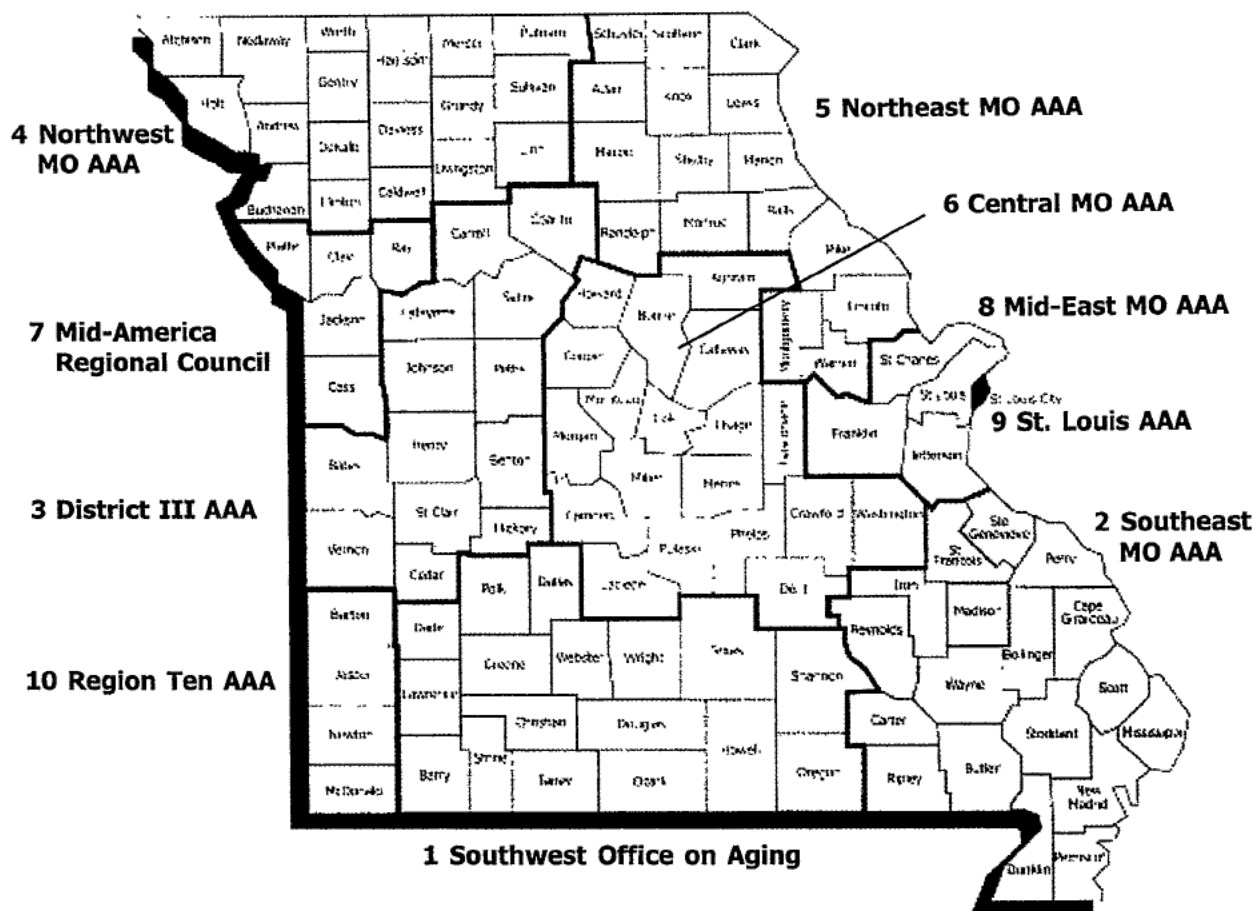
Sampling Regions



- 1 Cass, Clay, Clinton, Jackson, Lafayette, Platte, Ray
- 2 Franklin, Jefferson, Lincoln, St. Louis City, St. Louis County, St. Charles, Warren
- 3 Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Washington
- 4 Barry, Barton, Bates, Benton, Cedar, Christian, Dade, Dallas, Greene, Henry, Hickory, Jasper, Lawrence, McDonald, Newton, Polk, St. Clair, Stone, Taney, Vernon, Webster
- 5 Bollinger, Butler, Cape Girardeau, Carter, Douglas, Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Reynolds, Ripley, Ste. Genevieve, St. Francois, Scott, Shannon, Stoddard, Texas, Wayne, Wright
- 6 Andrew, Atchison, Buchanan, Caldwell, Carroll, Daviess, DeKalb, Gentry, Harrison, Holt, Johnson, Nodaway, Worth
- 7 Adair, Chariton, Clark, Grundy, Knox, Lewis, Linn, Livingston, Macon, Marion, Mercer, Monroe, Pike, Putnam, Ralls, Randolph, Saline, Scotland, Schuyler, Shelby, Sullivan

Targeted Areas: (a) St. Louis City
 (b) City of Kansas City
 (c) Bootheel - counties of Mississippi, New Madrid, Scott, Pemiscot, Dunklin and Stoddard bleeding into Bollinger

Area Agency on Aging Regions



- 1 Barry, Christian, Dade, Dallas, Douglas, Greene, Howell, Lawrence, Oregon, Ozark, Polk, Shannon, Stone, Taney, Texas, Webster, Wright
- 2 Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Perry, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Stoddard, Wayne
- 3 Bates, Benton, Carroll, Cedar, Chariton, Henry, Hickory, Johnson, Lafayette, Pettis, Saline, St. Clair, Vernon
- 4 Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Putnam, Sullivan, Worth
- 5 Adair, Clark, Knox, Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Randolph, Schuyler, Scotland, Shelby, Warren
- 6 Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski, Washington
- 7 Cass, Clay, Jackson, Platte, Ray
- 8 Franklin, Jefferson, St. Charles, St. Louis
- 9 St. Louis City
- 10 Barton, Jasper, McDonald, Newton

Note: See pg. 36 for contact information.

Demographic Characteristics

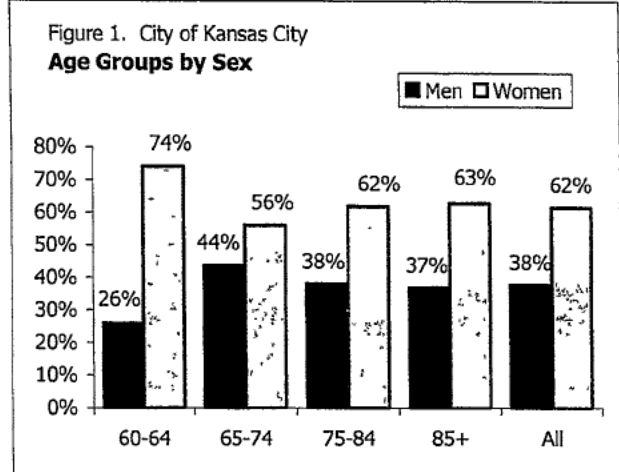
The age of seniors surveyed ranges in years from 60 to 98, with an average of 72 years. The majority of seniors surveyed are female.

The majority of older adults interviewed are white; 20% report themselves as black and 1% as another race (Data Tables, pg. 22). For analysis purposes, races other than white will be grouped in the category of Other.

Marital Status, Living Arrangement

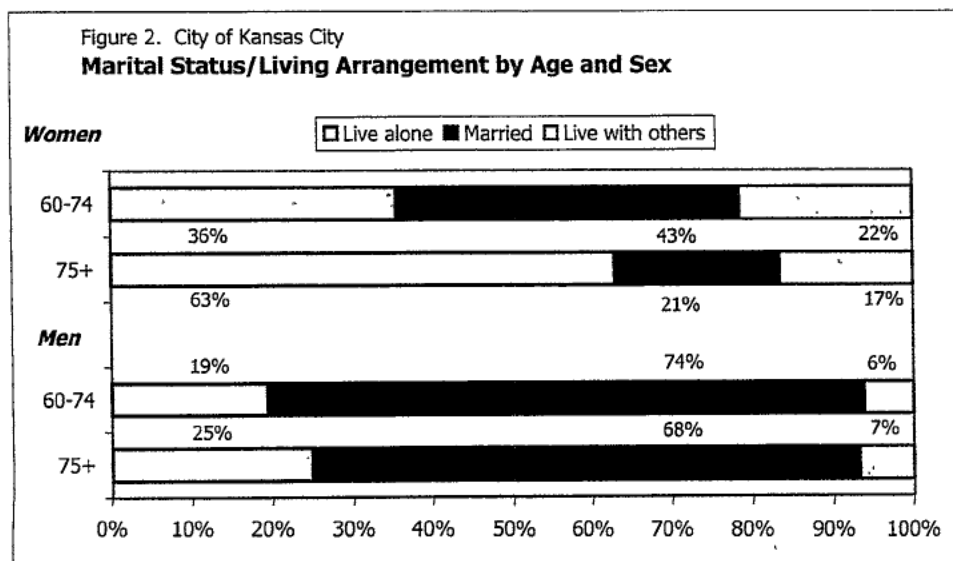
Marital status and living arrangement impact older adults' well-being as they are closely linked to income, health status, and the availability of potential caregivers. Consistent with U.S. Census data¹ and national health study data², marital status and living arrangement of Missouri's seniors vary considerably by age and sex.

Living arrangement is defined by marital status and the number of people residing in the household. An assumption was made that if the respondent is married and living with another person, that respondent is living with his/her spouse.



For analysis purposes, marital status and living arrangement are combined into the following categories: married and living with others; living alone; living with others.

The number of seniors living alone increases with age. Only 29% of adults aged 60 to 74 live alone; that percentage jumps to 48% for the 75+ age group (Data Table, pg. 22). Men are more likely than women to be married at both age levels, reflecting the fact that men are often outlived by their wives, marry women younger than themselves and remarry more frequently (Figure 2).



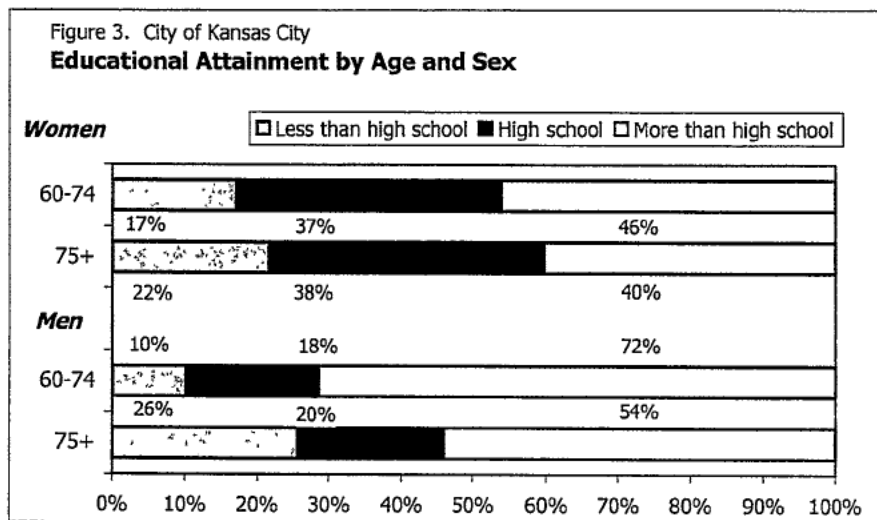
Population

Educational Attainment

Higher levels of education are usually correlated with higher incomes, higher standards of living, and above-average health status among older adults. Thus, education can have an indirect influence on a person's well-being.³

Almost 83% of the seniors surveyed have graduated from high school; over half have furthered their education beyond high school (Data Tables, pg. 23).

Women are more likely to have received their high school diploma while men are more likely to have gone on to college (Figure 3). This likely reflects the prevailing attitudes and educational opportunities at the time when they received most of their formal education.

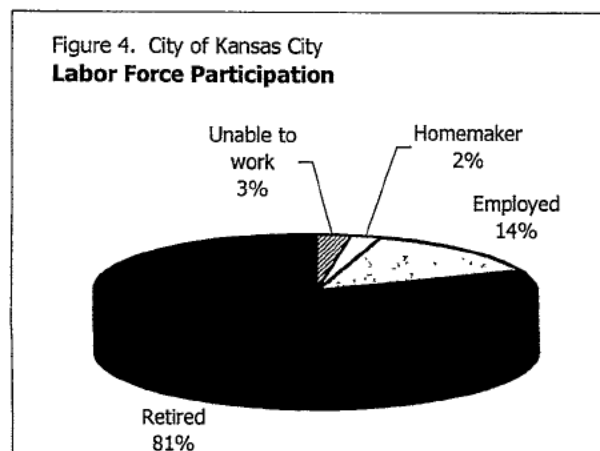


Labor Force Participation

Over two-thirds of older adults are retired; 14% are employed (Figure 4). Employed seniors who average 68 years of age are younger than retirees, who average 73 years of age.

Table 1. City of Kansas City
Percent Employed by Age and Sex

	Men	Women	ALL
ALL	10%	17%	14%
60-64	0%	42%	30%
65-74	17%	12%	14%
75-84	3%	11%	8%
85+	0%	0%	0%

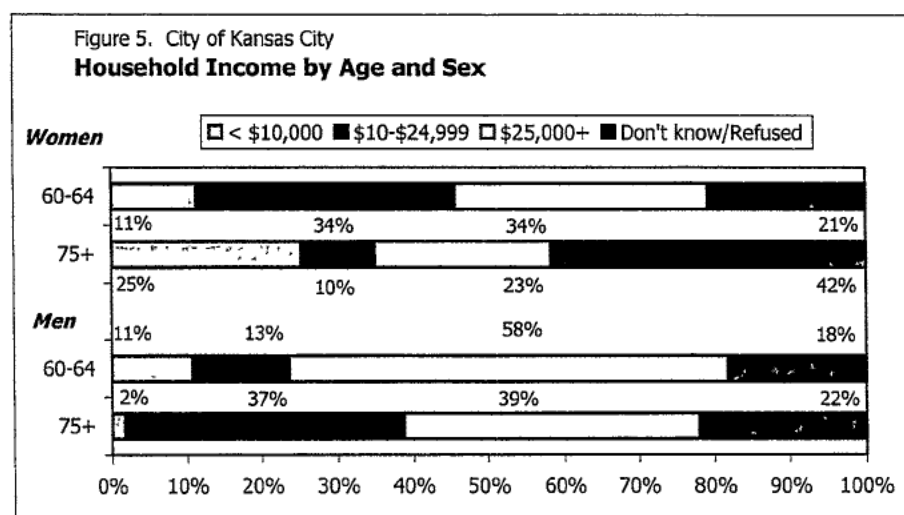


Household Income

An older adult's income has a direct bearing on his or her quality of life. Persons with inadequate income risk lack of food, housing, health care and needed services. Socioeconomic status has been proven to affect a person's health.⁴

As age increases, household income decreases for both men and women (Figure 5). Men are more likely to report incomes of \$25,000 or more.

Annual household income is less than \$25,000 for 36% of seniors; 14% have incomes of \$50,000 or more (Data Tables pg. 23). One-fourth of respondents either refused to report their income or did not know their income. This is more prevalent among seniors age 75 and older.



References

¹ Current Population Reports. The Older Population in the United States. U.S. Census Bureau. March 1999.

² National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

³ Federal Interagency Forum on Aging-Related Statistics. Older Americans 2000: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics, Washington, DC: U.S. Government Printing Office. August 2000.

⁴ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vol. 279 Issue 21 06/03/98, 1703-1709.

Health Status

Self-Rated Health

Self-assessed health is one of the simplest but most informative measures of health, summarizing physical, emotional and social aspects of well-being. Research has found self-rated health to highly correlate with mortality, and has demonstrated that older persons who report their health as poor are at increased risk for declines in physical functioning.¹

Two-thirds of seniors assess their health as good, very good or excellent while 33% rate their health as fair or poor (Data Tables, pg. 24). The percentage reporting fair or poor health is similar across age groups and gender (Figure 6).

National studies^{1,2} and the 1994 Needs Assessment study have found black seniors to be more likely to report worse health. While the percentage reporting fair or poor health is higher for minority than white seniors, the difference is not statistically significant (Figure 7).

Differences in health outcomes by socioeconomic position have been recognized as a persisting public health problem. The Americans' Changing Lives (ACL) longitudinal study found that lower levels of education and income are associated with a significantly higher prevalence of health risk behaviors, including smoking, being overweight and physical inactivity.³

Figure 6. City of Kansas City
Percent Who Report Fair or Poor Health by Age and Sex

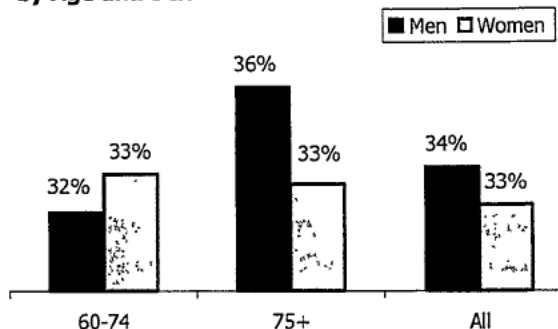


Figure 7. City of Kansas City
Percent Who Report Fair or Poor Health by Race and Living Arrangement

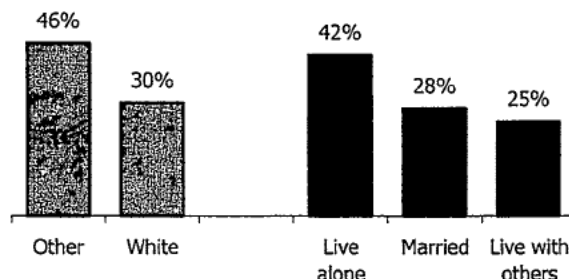
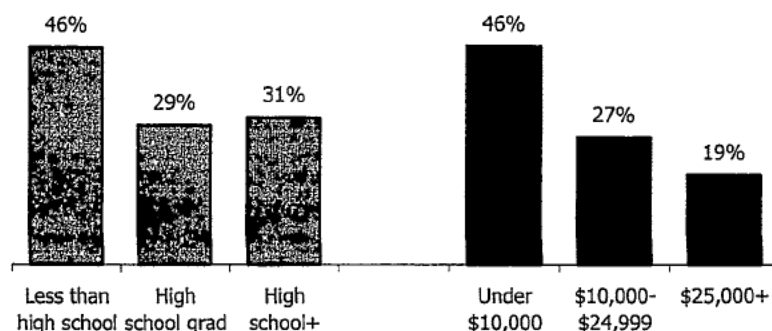


Figure 8. City of Kansas City
Percent Who Report Fair or Poor Health by Education and Household Income



In this study, the higher the education and the greater the income, the better the perception of one's health.

Almost half of older adults with incomes under \$10,000 report fair or poor health. In contrast, only 19% of those with incomes \$25,000 or more evaluate their health as fair or poor (Figure 8).

Health Limitations

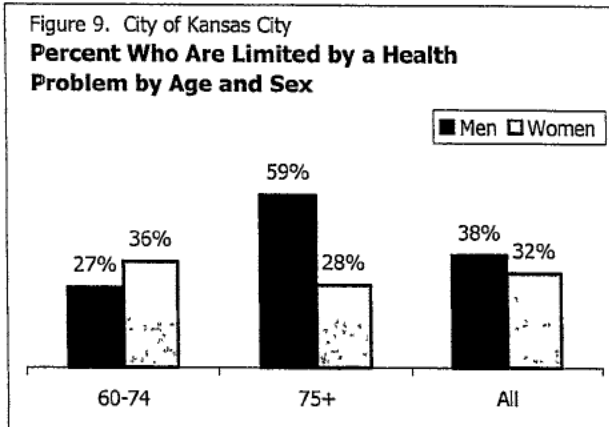
Chronic diseases such as arthritis affect the quality of life and contribute to disability and the inability to live independently. Over one-third, 35%, of seniors are limited in activities because of an impairment or health problem. Arthritis (8%), eye/vision problems (5%) and a walking problem (4%) are the major afflictions reported as limiting activities (Data Tables, pg. 24).

Overall, the percentage reporting health limitations does not differ significantly by age or gender. Among those age 75 and older, men are more likely than women to report being limited in activities because of poor health or an impairment (Figure 9).

As expected, those rating their health as fair or poor are more likely to indicate their activities are limited because of a health problem than those with a good to excellent self-health rating (Data Tables, pg. 24).

Fourteen percent of elders report having trouble learning, remembering or concentrating because of an impairment or health problem (Data Tables, pg. 24).

Survey participants were asked a variety of questions regarding how many days in the past 30 days they felt healthy, and how many days they were affected by poor physical health, poor mental health, and sleep deprivation. (Table 2; Data Tables, pg. 25)



Days of Good Health

Over three-fourths of seniors have felt very healthy and full of energy at least one day in the past 30 days. Those reporting at least one day of good health average 24 good days.

Days of Poor Health

Almost one-third of seniors have had one or more days in the past 30 where their physical health was not good, averaging 14.5 poor days. Pain made it hard for 19% of older adults to do their usual activities at least one day in the past month. On average, those with pain had 17 days where pain inhibited their daily activities.

Poor mental health days have been experienced by 17% of older adults, who average 11 poor days.

Almost one-fourth have had at least one day where they felt sad, blue or depressed and average 10 such days; one-fourth have felt worried, tense or anxious and average 10 days; 31% did not get enough sleep, averaging 9 sleepless days.

Poor physical or mental health has kept an estimated 7,174 elders from doing their usual activities; these individuals average 12 days of poor overall health.

Table 2. City of Kansas City
Percent Who Report At Least 1 Day in the Past 30 Days

	Percent	Estimated Persons	Average # of Days
Felt very healthy & full of energy	77%	39,795	23.9
Physical health was not good	31%	16,104	14.5
Pain made it hard to do activities	19%	10,013	16.9
Mental health was not good	17%	8,620	10.9
Felt sad, blue, depressed	23%	11,923	10.3
Felt worried, tense, anxious	26%	13,265	10.4
Did not get enough rest/sleep	31%	15,897	8.8
Poor health kept you from activities	14%	7,174	12.0

Health Status

Health Habits

Research has shown that physical activity has many health benefits: reducing the risk of certain chronic diseases, relieving symptoms of depression, helping to maintain independent living, and enhancing the overall quality of life. Half of older adults have participated in physical activities or exercised in the past month; participation drops off dramatically for those age 85 and older (Figure 10).

The most popular activity seniors participate in is walking. For those who do exercise, they do so several times a week (Data Tables, pg. 26).

Older adults are at a higher risk of contracting and suffering from consequences of the flu or pneumonia. An annual flu shot and a pneumonia vaccination are recommended for adults age 65 and older. Two-thirds have had a flu shot in the past year, with the majority receiving their shot at a doctor's office (Data Tables, pg. 26). Two-thirds have also had a pneumonia vaccination (Figure 11).

Figure 10. City of Kansas City
Percent Who Participated in Physical Activity by Age

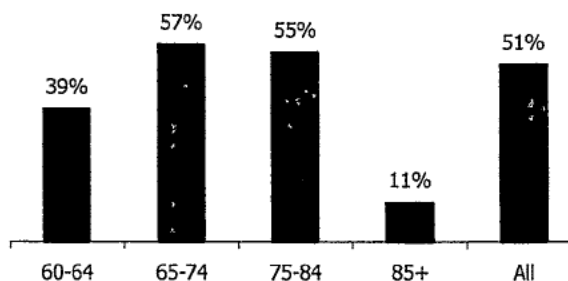
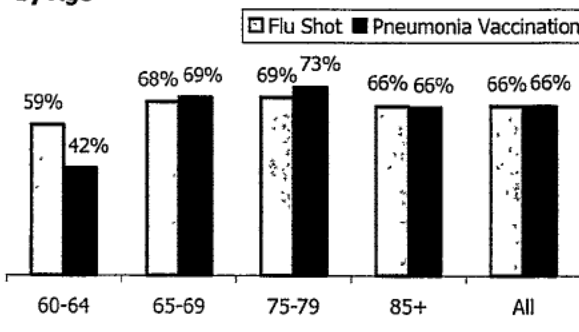


Figure 11. City of Kansas City
Percent Who Have Had Vaccinations by Age



References

¹ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

² A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services

³ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vo. 279 Issue 21 06/03/98, 1703-1709.

The functional ability of an older person declines with age. Functional limitation and whether a person receives assistance serve as key indicators of an older person's ability to live independently in the community and have implications for service delivery, quality of life, and life expectancy. Functional status is commonly defined in terms of the ability to perform certain tasks of daily living. Researchers group these tasks into two categories: essential activities of daily living (ADL) and the more complex instrumental activities of daily living (IADL). The ADLs included in this survey are eating, bathing, dressing, toileting, getting in/out of bed, walking, getting around the house, and getting outside. IADLs include light housework, heavy housework, using the telephone, shopping, preparing meals, taking medication and managing money.

For each ADL and IADL, respondents were asked how much difficulty they had performing each task, who helped them if they had difficulty and if it was enough help. Respondents are considered to have difficulty with an ADL or IADL if they report needing some help or unable to do without help. Consistent with other studies, those who report they do not do an ADL are counted as having difficulty.¹ Because ADLs are fundamental to the existence of the person, it is likely the respondent who "does not do" a specific activity is limited. The percentage of those reporting "doesn't do for other reason" is less than one percent for any given ADL. Unlike ADLs, IADLs are not necessities of life and may not be done for reasons other than disability. Thus, those who report they do not do a specific IADL are not counted as limited.

ADL and IADL Difficulties

Forty percent of older adults need some help performing either ADLs or IADLs (Figure 12). Mobility is the most prevalent ADL difficulty with 14% having trouble walking, getting around the house, and/or getting outdoors; 1% have difficulty with personal care activities (Figure 13). Overall, 27% have ADL difficulties.

More seniors need help with IADLs than with ADLs, 38% vs. 27% respectively. Help is most

Figure 12. City of Kansas City
Functional Limitations

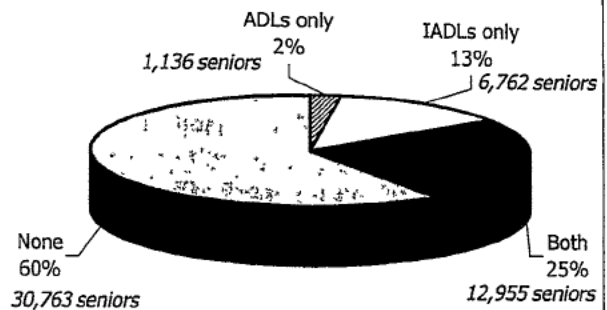
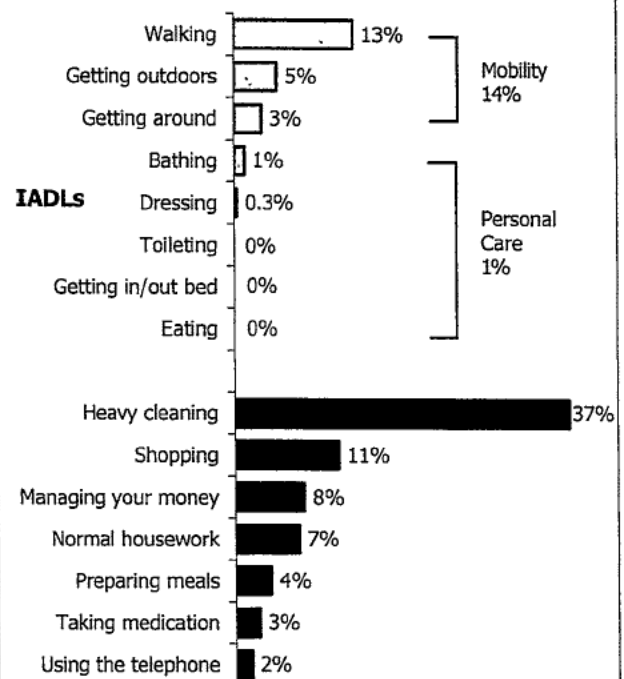


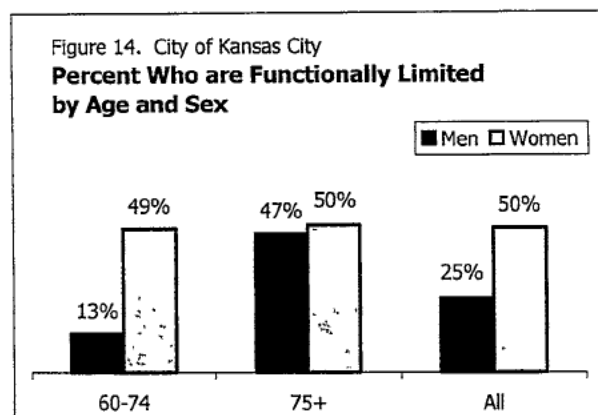
Figure 13. City of Kansas City
Percent with ADL and IADL Difficulties



often required with cleaning and shopping (Figure 13).

Functional status varies significantly across age and sex. As age increases, functional limitations increase. Women are more likely than men to require assistance with ADLs and/or IADLs (Figure 14).

Functional Status



Assistance with Functional Limitations and Unmet Needs

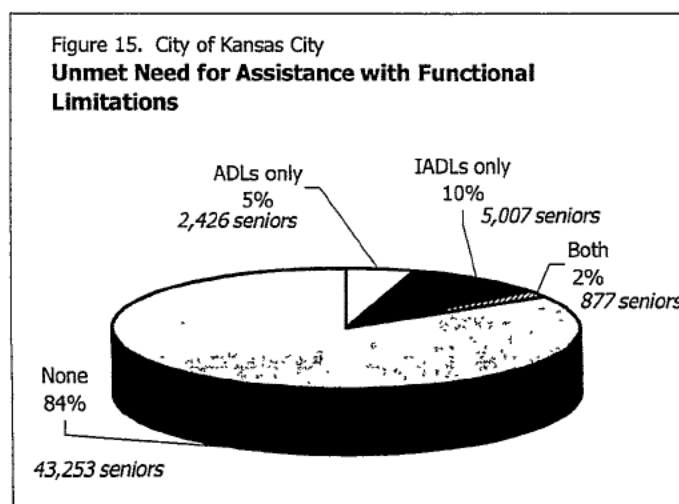
Some seniors are able to overcome their difficulties in performing daily activities through the use of assistive devices; many others require personal assistance. The majority of elders are receiving the necessary assistance and in most cases, it is enough help (Data Tables, pgs. 27-28).

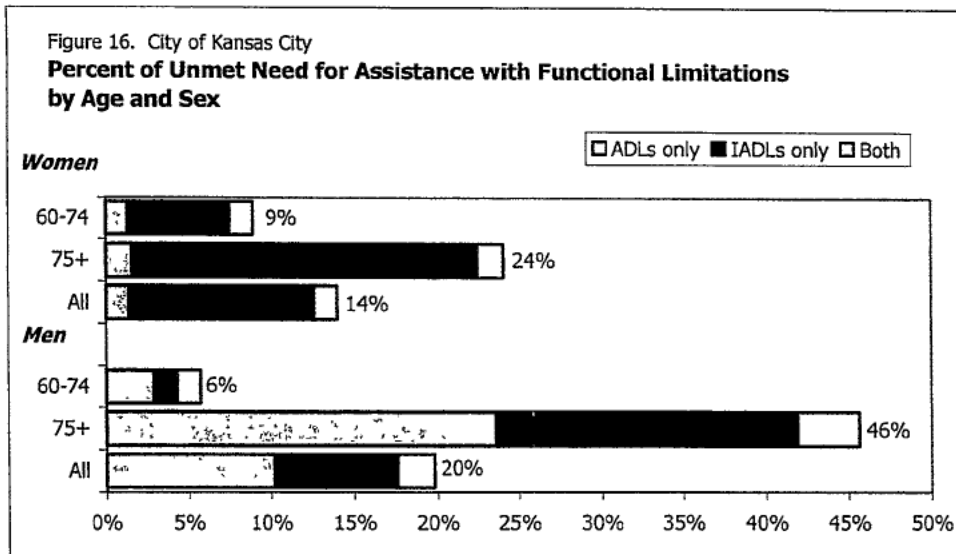
For most, assistance comes from family. Professional help is used more for heavy cleaning. Other help, usually in the form of assistive devices such as a walker or cane, is more often used with walking, getting around the house or getting outdoors (Data Tables, pgs. 27-28).

While help is available for most seniors who need it, there are still thousands who are going unaided. These adults may be at risk for institutionalization if the need for assistance goes unmet. Unmet need has been determined for each ADL and IADL where an individual has no one to help when help is needed, or if the help they get is enough help only some of the time, seldom or never.

Overall, 16%, are in need of help or need more help with their everyday activities (Figure 15). Seven percent need more help with one or more ADLs, with the majority of elders requiring assistance with walking. Twelve percent could use additional help with at least one IADL, which is most likely to be heavy cleaning (Data Tables, pg. 27-28).

As with ADL and IADL difficulties, unmet need for assistance increases with age (Figure 16). The difference between the sexes for needed assistance is not significant.





References

¹Health Data on Older Americans: United States, 1992.
National Center for Health Statistics. Vital and Health
Statistics 3(27), January 1993.

Service Awareness and Use

Where To Go For Help

Most seniors will talk with their family members when they need someone to help with their personal care and their day-to-day activities (Table 3). An estimated 5,500 to 6,500 older adults do not know who they would speak to for personal care assistance and about getting help with day-to-day activities (Data Tables, pg. 28).

One-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services (Figure 17).

Regarding agencies to contact to find out about aging services in the community, awareness is highest for the Division of Senior Services. Almost half of seniors do not know which agency to contact for services (Figure 18).

Overall, 5%, or an estimated 2,630 older adults, indicate they have no one to talk to about getting help with personal assistance or day-to-day activities, and do not know what agency to speak with about aging services.

Table 3. City of Kansas City

Who Would You Talk to for Help

	With Personal Care	With Day-to-Day Activities
Family	55%	60%
Doctor	18%	9%
Social service agency	4%	3%
Other	12%	16%
Don't know	11%	13%

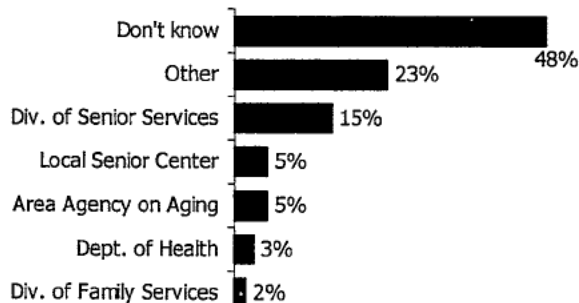
Figure 17. City of Kansas City

Aware of the Toll-Free Information and Referral Number



Figure 18. City of Kansas City

Agency To Contact About Aging Services



Service Awareness and Use

Home-Delivered Meals

Three-fourths of older adults are aware of the availability of home-delivered meals or Meals on Wheels in their community (Table 4).

Table 4. City of Kansas City
Home-Delivered Meals

	Percent	Persons
Aware	76%	39,382
Receiving	2%	1,136
Unmet Need	2%	826

Two percent of seniors report having meals delivered to their homes (Table 4). This would include Home Delivered Meals through local Senior Centers and other community operated Meals on Wheels programs. Another 2% need home-delivered meals but are not getting them, or feel the service does not provide them with enough meals (Data Tables, pg. 30).

The vast majority of seniors, 96%, have not been concerned about having enough food for themselves and their families in the past 30 days (Data Tables, pg. 29).

Senior Center

Over half of older adults, 55%, know of a senior center in their community where they can eat meals and participate in social activities (Table 5).

Senior Center

	Percent	Persons
Aware	55%	28,182
Go To	7%	3,613

Seven percent report going to a senior center. Minority seniors are more likely than white older adults to visit a senior center (Data Tables, pg. 30). Reasons for seniors not going to a senior center include the unavailability of one in their community, and don't need or not interested in the services offered (Data Tables, pg. 30).

Assistance Filling Out Forms

Assistance filling out Medicare, insurance or other forms is thought to be available in the community by over half of seniors (Table 6).

Not everyone was asked if they currently need help filling out forms due to a survey programming error. *Thus, the data presented here is based on only those seniors asked so need and receipt of assistance of this service may be underestimated.*

Almost one-fourth of seniors say they receive help filling out their forms; another 2% say they could use assistance with forms (Table 6).

Table 6. City of Kansas City
Assistance Filling Out Forms

	Percent	Persons
Available	57%	29,627
Receiving	22%	6,452
Unmet Need	2%	723

Service Awareness and Use

Transportation

Lack of transportation is a problem for 8% of seniors when they want to go someplace (Data Tables, pg. 31). Women more than men, and lower income individuals are more likely to report transportation is a problem (Data Tables, pg. 32).

Over 80% of older adults report a public transportation system is available where they can walk to a bus stop (Table 7). Eight percent need to use public transportation when they want to go someplace, and it meets the needs for most who use it.

Table 7. City of Kansas City
Public Transportation

	Percent	Persons
Available	84%	43,357
Need to Use	8%	3,923
Doesn't meet my needs	1%	723

Transportation Service

	Percent	Persons
Available	57%	29,369
Use	5%	2,529
Doesn't meet my needs	0.7%	361

Over half of seniors are aware of the availability of a transportation service where you can call in advance. Five percent report using this service, and for most, it meets all their transportation needs (Table 7).

Daily Check

The majority of seniors, 92%, feel they do not need a daily check by someone to be sure they are okay. Four percent report receiving such a check and another 1% believe they need it but are not getting it (Table 8).

Table 8. City of Kansas City
Daily Check

	Percent	Persons
Receive	4%	1,807
Unmet Need	1%	516

Health Care Coverage

For those age 65 and older, Medicare is the most common health care coverage. The youngest old are most likely to be covered through an employer (Data Table, pg. 33). Three percent of older adult, an estimated 1,290 seniors, report having no health insurance.

Inability to See a Doctor

Survey participants were asked if there was a time in the past 12 months when they needed to see a doctor but could not for various reasons. Cost and inability to get an appointment are the most popular reasons for not being able to see a doctor when necessary (Figure 20).

Figure 19. City of Kansas City
Health Care Coverage

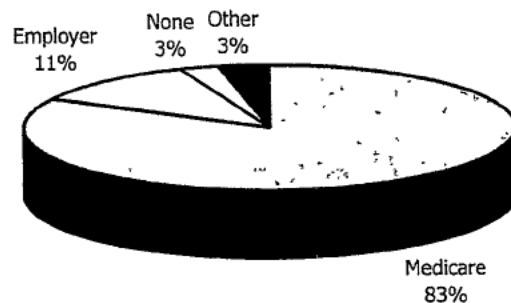
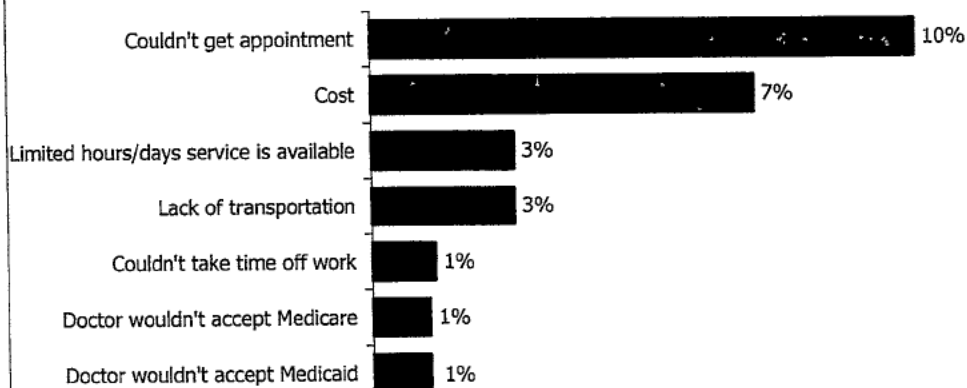


Figure 20. City of Kansas City
Percent Who Needed to See a Doctor but Couldn't



Social Support

Social Activity

Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. The majority of seniors, 94%, talk on the telephone at least weekly (Figure 21). Face-to-face interactions occur less frequently but still a majority, 83%, manage to visit someone outside their home at least once a week (Figure 22).

Figure 21. City of Kansas City
Talk on the Telephone

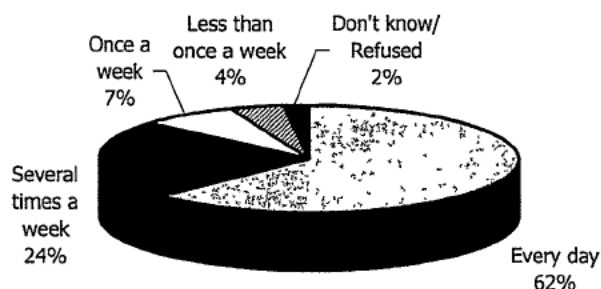
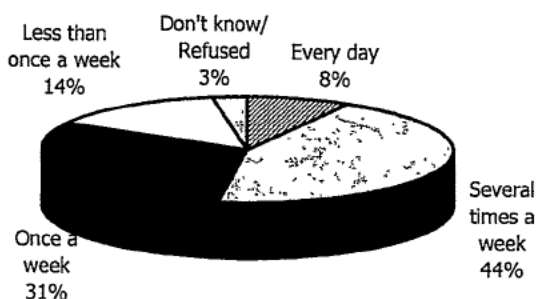


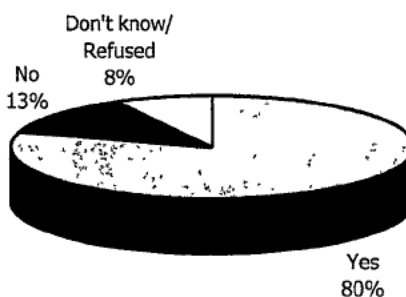
Figure 22. City of Kansas City
Visit Someone



Caregiving

Twelve percent of older adults, an estimated 6,500 persons, report having no one who would care for them if they became sick or disabled (Figure 23). Women are more likely than men to not have a possible caregiver, which is related to their greater likelihood of living alone (Data Tables, pg. 34).

Figure 23. City of Kansas City
Have a Potential Caregiver



Traditionally, families have cared for older adults. Smaller family sizes, geographic mobility, increased number of women in the workforce and the increased longevity of older adults have been affecting the network of potential caregivers.¹ Family caregivers are an essential part of the health care economy. The estimated value of informal caregiving is an estimated \$196 billion.² With the shrinking number of potential caregivers, increases are likely in in-home care expenses as well as the institutionalization rate and subsequent nursing home care expenses.

For those who would have a caregiver, around 59% say the person would be able to care for them as long as needed. This person is most likely to be a child or spouse (Data Tables, pg. 34).

If seniors needed help at home, more would prefer an in-home service agency send a trained helper rather than finding a helper themselves; one-third do not know which option they would prefer (Figure 24).

Discrimination

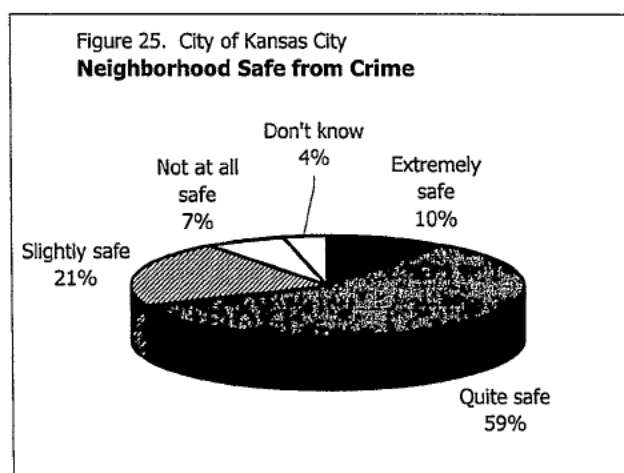
The majority of older adults have not been discriminated against in the past year because of their age (84%) or their race (86%). Of the seniors who experienced racial or ethnic discrimination, 19% report it prevented them from receiving needed services (Data Tables, pg. 35). A total of 5.8% of respondents didn't know or refused to answer if they had experienced racial or ethnic discrimination.

Abuse & Neglect

Six percent of seniors are aware of older adults in their community who have been abused or neglected (Data Tables, pg. 35). One-fourth of older adults are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

Housing & Neighborhood Safety

Three-fourths of older adults own their home, 77% live in a house, and 92% have lived at their current residence for at least two years. Only one percent are considering moving within the next year where they can get more help (Data Tables, pg. 35). Around two-thirds of seniors consider their neighborhoods to be extremely or quite safe from crime (Figure 25).



References

- ¹ Internet Information Note: Caregiving for the Elderly - National Aging Information Center; www.aoa.gov/naic/Notes/caregivingforelderly.html.
- ² Family Caregiver Alliance Fact Sheet: Selected Caregiver Statistics; www.caregiver.org/factsheets/caregiver_statsC.html.

Data Tables

Note: Population estimates are determined by applying the sample percentages to the age 60 and older population, excluding the age 65+, institutionalized population. Because the estimates are based on rounded sample percentages, they may not add to the total population.

Population of the Sample

City of Kansas City	Percent
	100.0%
Age	
60-64	17.0%
65-69	22.3%
70-74	23.5%
75-79	23.3%
80-84	8.6%
85+	3.4%
Refused	1.9%
Sex	
Male	37.8%
Female	62.2%
Race	
White	78.0%
Black	19.8%
Asian, Pacific Islander	0.4%
American Indian, Alaska Native	0.7%
Other	0.3%
Don't know/Refused	0.8%
Hispanic	
Yes	1.8%
No	97.8%
Don't know/Refused	0.4%
Marital Status	
Married	51.0%
Widowed	29.5%
Divorced	13.0%
Never been married	5.9%
Separated	0.6%
Household Size	
One	36.4%
Two	52.3%
Three	5.1%
Four or more	5.3%
Refused	0.9%
Living Arrangement	
Live alone	36.4%
Live with spouse	44.2%
Live with spouse/others	5.1%
Live with others	14.3%
Marital Status/ Living Arrangement	
Live alone	36.4%
Married, live with spouse	49.4%
Live with others	14.2%

Percent of Race by Age

City of Kansas City	White	Other	Refused
ALL	78.0%	21.2%	0.8%
Age			
60-64	70.8%	29.2%	0.0%
65-74	74.5%	23.8%	1.8%
75-84	85.2%	14.8%	0.0%
85+	84.7%	15.3%	0.0%
60-74	73.5%	25.2%	1.3%
75+	85.2%	14.8%	0.0%
Average Age	72.7	69.8	74.0

Percent of Marital Status/Living Arrangement by Age Groups, Sex and Race

City of Kansas City	Live alone	Married	Live with others
ALL	36.4%	49.4%	14.2%
Age			
60-64	34.3%	42.6%	23.1%
65-74	27.4%	59.9%	12.7%
75-84	43.1%	42.8%	14.2%
85+	100.0%	0.0%	0.0%
60-74	29.3%	55.2%	15.5%
75+	48.5%	38.7%	12.8%
Average Age	74.8	70.8	69.6
Sex			
Male	21.3%	72.3%	6.4%
Female	45.6%	35.4%	19.0%
Race			
White	37.9%	48.6%	13.5%
Other	32.2%	50.1%	17.6%

Population of the Sample

City of Kansas City	Percent
	100.0%
Education	
No school	0.1%
Grades 1 through 8	8.8%
Grades 9 through 11	8.5%
Grade 12 or GED	30.6%
College 1-3 years	25.4%
College degree or more	26.7%
Employment Status	
Employed for wages	12.5%
Self-employed	1.8%
Out of work	0.1%
Homemaker	2.1%
Retired	81.2%
Unable to work	2.4%
Household Income	
Less than \$10,000	12.8%
\$10,000-\$14,999	7.3%
\$15,000-\$19,999	11.0%
\$20,000-\$24,999	5.0%
\$25,000-\$34,999	12.1%
\$35,000-\$49,999	11.2%
\$50,000-\$74,999	12.4%
\$75,000 or more	1.7%
Don't know	13.7%
Refused	12.7%

Percent of Educational Attainment by Age Groups, Sex and Race

City of Kansas City	Less than High School	High School	More than High School
ALL	17.4%	30.6%	52.1%
Age			
60-74	14.4%	29.7%	55.9%
75+	23.2%	31.3%	45.5%
Average Age	73.6	72.5	71.4
Sex			
Male	15.6%	19.1%	65.3%
Female	18.4%	37.6%	44.0%
Race			
White	14.1%	27.8%	58.1%
Other	30.0%	38.1%	31.9%

Percent of Household Income by Age Groups, Sex and Race

City of Kansas City	Less than \$10,000	\$10,000-\$24,999	\$25,000+	Don't know/Refused
ALL	12.8%	23.3%	37.4%	26.5%
Age				
60-74	11.1%	26.0%	43.1%	19.8%
75+	16.5%	19.9%	29.3%	34.3%
Average Age	73.7	70.7	68.5	72.1
Sex				
Male	7.6%	21.3%	51.5%	19.6%
Female	15.9%	24.6%	28.9%	30.7%
Race				
White	10.3%	20.8%	41.8%	27.1%
Other	18.6%	33.5%	22.9%	25.0%
Living Arrangement				
Live alone	24.8%	30.3%	11.5%	33.4%
Married	4.8%	17.2%	53.8%	24.2%
Live with others	9.3%	27.0%	47.1%	16.6%

Data Tables

Health Status

<i>City of Kansas City</i>	Percent	Persons
	100.0%	51,615
Self-rated health (Q1)		
Excellent	8.9%	4,594
Very Good	20.4%	10,529
Good	37.8%	19,510
Fair	25.5%	13,162
Poor	7.4%	3,820
Excellent, Very Good, Good	67.1%	34,634
Fair, Poor	32.9%	16,981
Limited in activities because of any impairment/health problem (Q94)		
Yes	34.5%	17,807
No	65.5%	33,808
Major impairment/health problem (Q95)		
Arthritis/Rheumatism	7.9%	4,078
Eye/vision problem	5.0%	2,581
Walking problem	3.7%	1,910
Lung/breathing problem	2.8%	1,445
Stroke problem	2.6%	1,342
Cancer	2.5%	1,290
Fractures, bone/joint injury	2.1%	1,084
Back/neck problem	1.9%	981
Heart problem	0.9%	465
Other impairment/problem	5.0%	2,581
Have no impairment	65.5%	33,808
Have trouble learning, remembering, concentrating (Q96)		
Yes	13.6%	7,020
No	86.4%	44,595

Percent of Health Limitations by Selected Demographics

<i>City of Kansas City</i>	Limited	Not Limited
ALL	34.9%	65.1%
Age		
60-74	32.6%	67.4%
75+	39.8%	60.2%
Average Age	70.9	71.5
Sex		
Male	38.3%	61.7%
Female	32.2%	67.8%
Race		
White	36.4%	63.4%
Other	27.8%	65.6%
Living Arrangement		
Live alone	45.2%	54.8%
Married	25.7%	74.9%
Live with others	39.9%	60.1%
Education		
< High School	43.7%	56.3%
High School	32.1%	67.9%
> High School	32.9%	67.1%
Income		
< \$10,000	55.6%	44.4%
\$10-\$24,999	40.6%	59.9%
\$25,000+	18.7%	81.3%
Don't know/Refused	27.6%	72.4%
Self-Rated Health		
Excellent	0.0%	100.0%
Very Good	14.7%	85.3%
Good	29.2%	70.8%
Fair	52.9%	47.1%
Poor	94.7%	5.3%

Health Status

<i>City of Kansas City</i>	Percent	Persons	<i>City of Kansas City</i>	Percent	Persons
	100.0%	51,615		100.0%	51,615
Days of poor physical health (Q2)			Days felt sad, blue or depressed (Q98)		
None	61.9%	31,950	None	74.1%	38,247
1-7 days/1 week	13.6%	7,020	1-7 days/1 week	13.9%	7,174
8-14 days/2 weeks	2.8%	1,445	8-14 days/2 weeks	3.0%	1,548
15-21 days/3 weeks	5.6%	2,890	15-21 days/3 weeks	1.3%	671
22-29 days/4 weeks	0.2%	103	22-29 days/4 weeks	0.0%	0
30 days/All month	9.0%	4,645	30 days/All month	4.9%	2,529
Don't know/Refused	6.9%	3,561	Don't know/Refused	2.8%	1,445
Days of poor mental health (Q3)			Days felt worried, tense or anxious (Q99)		
None	79.3%	40,931	None	67.6%	34,892
1-7 days/1 week	8.7%	4,491	1-7 days/1 week	15.2%	7,845
8-14 days/2 weeks	3.6%	1,858	8-14 days/2 weeks	3.7%	1,910
15-21 days/3 weeks	1.4%	723	15-21 days/3 weeks	2.5%	1,290
22-29 days/4 weeks	0.2%	103	22-29 days/4 weeks	0.0%	0
30 days/All month	2.9%	1,497	30 days/All month	4.4%	2,271
Don't know/Refused	4.0%	2,065	Don't know/Refused	6.7%	3,458
Days poor physical/mental health limited activities (Q4)			Days did not get enough rest or sleep (Q100)		
None	83.6%	43,150	None	68.4%	35,305
1-7 days/1 week	5.0%	2,581	1-7 days/1 week	16.9%	8,723
8-14 days/2 weeks	1.3%	671	8-14 days/2 weeks	6.5%	3,355
15-21 days/3 weeks	6.5%	3,355	15-21 days/3 weeks	4.3%	2,219
22-29 days/4 weeks	0.2%	103	22-29 days/4 weeks	0.0%	0
30 days/All month	0.9%	465	30 days/All month	3.1%	1,600
Don't know/Refused	2.6%	1,342	Don't know/Refused	0.8%	413
Days where pain made it hard to do activities (Q97)			Days felt very healthy & full of energy (Q101)		
None	78.2%	40,363	None	17.6%	9,084
1-7 days/1 week	8.8%	4,542	1-7 days/1 week	6.8%	3,510
8-14 days/2 weeks	0.4%	206	8-14 days/2 weeks	4.3%	2,219
15-21 days/3 weeks	1.3%	671	15-21 days/3 weeks	10.2%	5,265
22-29 days/4 weeks	0.0%	0	22-29 days/4 weeks	19.3%	9,962
30 days/All month	8.9%	4,594	30 days/All month	36.5%	18,839
Don't know/Refused	2.4%	1,239	Don't know/Refused	5.3%	2,736

Data Tables

Health Status

<i>City of Kansas City</i>	Percent	Persons	<i>City of Kansas City</i>	Percent	Persons
	100.0%	51,615		100.0%	51,615
Participate in physical activities/exercise (Q123)			Duration of physical activity (Q127)		
Yes	50.7%	26,169	Do not participate	49.3%	25,446
No	49.1%	25,343	20 minutes or less	13.3%	6,865
Don't know/Refused	0.2%	103	21-30 minutes	11.8%	6,091
Type of physical activity/exercise (Q124)			31-60 minutes	14.9%	7,691
Walking	30.3%	15,639	1-2 hours	1.8%	929
Golf	2.4%	1,239	More than 2 hours	4.7%	2,426
Weight lifting	2.4%	1,239	Don't know/Refused	4.1%	2,116
Bowling	2.3%	1,187	Flu shot in past year (Q91)		
Gardening	1.9%	981	Yes	65.3%	33,705
Home/Health Club exercise	1.9%	981	No	34.7%	17,910
Biking (pleasure)	1.9%	981	Where received flu shot (Q92)		
Jogging/Running	1.6%	826	A doctor's office or HMO	25.8%	13,317
Aerobics class	1.1%	568	A store	18.1%	9,342
Other	5.0%	2,581	A health department	4.9%	2,529
None	49.3%	25,446	Hospital/emergency room	4.4%	2,271
Distance usually walk/run (Q125)			Another type of clinic	2.8%	1,445
Do not walk/run/jog	68.1%	35,150	Senior, rec/community center	1.1%	568
Less than 1 mile	8.7%	4,491	Workplace	1.1%	568
1 mile	8.0%	4,129	Other	7.0%	3,613
1.1-1.5 miles	0.0%	0	Did not get a flu shot	34.7%	17,910
1.6-2.0 miles	7.2%	3,716	Had pneumonia vaccination (Q93)		
2.1-3.0 miles	5.7%	2,942	Yes	50.0%	25,808
3.1-6.0 miles	0.2%	103	No	48.6%	25,085
Don't know/Refused	2.2%	1,136	Don't know/Refused	1.3%	671
Frequency of physical activity/exercise (Q126)					
Do not participate	49.3%	25,446			
Every day	6.0%	3,097			
1-3 times a week	29.6%	15,278			
4-6 times a week	11.1%	5,729			
1-4 times a month	1.2%	619			
Don't know/Refused	2.8%	1,445			

Functional Status: Activities of Daily Living

(Q5-Q33, Q46-Q49)	<i>EATING</i>		<i>BATHING</i>		<i>DRESSING/ GROOMING</i>		<i>TOILETING</i>	
<i>City of Kansas City</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>
	100.0%	51,615	100.0%	51,615	100.0%	51,615	100.0%	51,615
Need help to do								
Without help	100.0%	51,615	98.8%	50,996	99.7%	51,460	100.0%	51,615
With help	0.0%	0	1.2%	619	0.3%	155	0.0%	0
Who helps								
No one	0.0%	0	0.1%	52	0.1%	52	0.0%	0
Professional	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Spouse	0.0%	0	0.9%	465	0.2%	103	0.0%	0
Other family member	0.0%	0	0.2%	103	0.0%	0	0.0%	0
Non-relative	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Other	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Do not need help	100.0%	51,615	98.8%	50,996	99.7%	51,460	100.0%	51,615
Enough help								
All/Most of the time	0.0%	0	1.1%	568	0.2%	103	0.0%	0
Some of the time/Seldom	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Never	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Have no help	0.0%	0	0.1%	52	0.1%	52	0.0%	0
Do not need help	100.0%	51,615	98.8%	50,996	99.7%	51,460	100.0%	51,615

	<i>GETTING IN/OUT OF BED</i>		<i>WALKING</i>		<i>GETTING AROUND HOUSE</i>		<i>GETTING OUTDOORS</i>	
<i>City of Kansas City</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>
	100.0%	51,615	100.0%	51,615	100.0%	51,615	100.0%	51,615
Need help to do								
Without help	100.0%	51,615	86.9%	44,853	96.9%	50,015	95.5%	49,292
With help	0.0%	0	13.1%	6,762	3.1%	1,600	4.8%	2,478
Who helps								
No one	0.0%	0	5.4%	2,787	0.2%	103	0.1%	52
Professional	0.0%	0	0.2%	103	0.0%	0	0.0%	0
Spouse	0.0%	0	0.1%	52	0.0%	0	0.0%	0
Other family member	0.0%	0	0.1%	52	0.0%	0	3.2%	1,652
Non-relative	0.0%	0	0.0%	0	0.0%	0	0.1%	52
Other	0.0%	0	7.3%	3,768	2.9%	1,497	1.3%	671
Do not need help	100.0%	51,615	86.9%	44,853	96.9%	50,015	95.5%	49,292
Enough help								
All/Most of the time	0.0%	0	7.0%	3,613	2.9%	1,497	4.1%	2,116
Some of the time/Seldom	0.0%	0	0.6%	310	0.0%	0	0.6%	310
Never	0.0%	0	0.1%	52	0.0%	0	0.0%	0
Have no help	0.0%	0	5.4%	2,787	0.2%	103	0.1%	52
Do not need help	100.0%	51,615	86.9%	44,853	96.9%	50,015	95.5%	49,292

Data Tables

Functional Status: Instrumental Activities of Daily Living (IADLs)

(Q34-Q45, Q50-Q65)	NORMAL HOUSEWORK		HEAVY CLEANING		USING THE TELEPHONE		SHOPPING	
<i>City of Kansas City</i>	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	51,615	100.0%	51,615	100.0%	51,615	100.0%	51,615
Need help to do								
Without help	93.0%	48,002	63.2%	32,621	98.2%	50,686	88.6%	45,731
With help	7.0%	3,613	36.8%	18,994	1.8%	929	11.4%	5,884
Who helps								
No one	0.1%	52	2.2%	1,136	0.0%	0	0.0%	0
Professional	0.9%	465	7.2%	3,716	0.0%	0	0.4%	206
Spouse	0.5%	258	6.1%	3,149	0.0%	0	3.0%	1,548
Other family member	4.2%	2,168	16.0%	8,258	1.8%	929	7.4%	3,820
Non-relative	0.3%	155	3.3%	1,703	0.0%	0	0.3%	155
Other	1.0%	516	1.1%	568	0.0%	0	0.4%	206
Don't know/Refused	0.0%	0	0.9%	465	0.0%	0	0.0%	0
Do not need help	93.0%	48,002	63.2%	32,621	98.2%	50,686	88.6%	45,731
Enough help								
All/Most of the time	6.4%	3,303	25.9%	13,368	1.8%	929	9.8%	5,058
Some of the time/Seldom	0.5%	258	8.8%	4,542	0.0%	0	1.5%	774
Never	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Have no help	0.1%	52	2.2%	1,136	0.0%	0	0.0%	0
Do not need help	93.0%	48,002	63.2%	32,621	98.2%	50,686	88.6%	45,731

	PREPARING MEALS		TAKING MEDICATIONS		MANAGING MONEY	
<i>City of Kansas City</i>	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	51,615	100.0%	51,615	100.0%	51,615
Need help to do						
Without help	96.0%	49,550	97.3%	50,221	92.4%	47,692
With help	4.0%	2,065	2.7%	1,394	7.6%	3,923
Who helps						
No one	0.0%	0	0.1%	52	0.0%	0
Professional	0.0%	0	0.1%	52	0.0%	0
Spouse	0.1%	52	2.2%	1,136	0.1%	52
Other family member	3.2%	1,652	0.2%	103	7.3%	3,768
Non-relative	0.1%	52	0.2%	103	0.1%	52
Other	0.5%	258	0.0%	0	0.0%	0
Do not need help	96.0%	49,550	97.3%	50,221	92.4%	47,692
Enough help						
All/Most of the time	2.6%	1,342	2.6%	1,342	7.4%	3,820
Some of the time/Seldom	0.5%	258	0.0%	0	0.1%	52
Never	0.0%	0	0.0%	0	0.0%	0
Don't know/Refused	0.9%	465	0.0%	0	0.0%	0
Have no help	0.0%	0	0.1%	52	0.0%	0
Do not need help	96.0%	49,550	97.3%	50,221	92.4%	47,692

Service Awareness and Use

<i>City of Kansas City</i>	Percent	Persons	<i>City of Kansas City</i>	Percent	Persons
	100.0%	51,615		100.0%	51,615
Talk to about getting help with personal care (Q66)			Home-delivered meals available in community (Q68)		
Spouse	23.6%	12,181	Yes	76.3%	39,382
Child/Family	30.7%	15,846	No	2.1%	1,084
Physician	18.3%	9,446	Don't know/Refused	21.6%	11,149
Social service agency	3.5%	1,807	Need/Receiving home-delivered meals (Q69-Q70)		
Other relative	1.2%	619	Need it & am not receiving it	1.2%	619
Friend/Neighbor	4.9%	2,529	Need it & am receiving it	1.6%	826
Clergy/Minister/Priest/Rabbi	1.2%	619	Not need it but am receiving	0.6%	310
Other	6.1%	3,149	Do not need this service	96.6%	49,860
Does not need assistance	0.1%	52	Why not receiving home-delivered meals (Q71)		
Don't know/Refused	10.6%	5,471	Other	1.2%	619
Talk to about getting help with day-to-day activities (Q67)			Am receiving service	2.2%	1,136
Spouse	23.8%	12,284	Do not need service	96.6%	49,860
Child/Family	32.4%	16,723	Provide with enough meals (Q72)		
Social service agency	2.8%	1,445	Yes	1.2%	619
Physician	9.1%	4,697	No	0.4%	206
Other Relative	3.6%	1,858	Not receiving/not need service	98.4%	50,789
Friend/Neighbor	6.2%	3,200	Concerned about having enough food (Q142)		
Clergy/Minister/Priest/Rabbi	1.0%	516	Yes	1.7%	877
Other	6.3%	3,252	No	95.5%	49,292
No one else, decide by myself	1.1%	568	Don't know/Refused	2.8%	1,445
Does not need assistance	1.2%	619			
Don't know/Refused	12.5%	6,452			
Agency would contact about aging services in community (Q88)					
MO Division of Senior Services	14.8%	7,639			
Senior Center	5.0%	2,581			
Area Agency on Aging	4.9%	2,529			
MO Dept of Health	2.9%	1,497			
MO Div of Family Services	1.7%	877			
Other	23.2%	11,975			
Don't know	47.5%	24,517			
Aware of toll-free number for information and referral (Q89)					
Yes	24.5%	12,646			
No	75.5%	38,969			

Data Tables

Service Awareness and Use

Percent Aware of, Receiving & Needing Home-Delivered Meals by Selected Demographics

<i>City of Kansas City</i>	Aware	Receiving	Unmet Need
All	76.3%	2.2%	1.6%
Age			
60-74	77.8%	2.0%	1.4%
75+	75.4%	2.8%	2.1%
Average Age	72.2	73.9	74.2
Sex			
Male	78.5%	1.7%	3.4%
Female	75.0%	2.6%	0.5%
Race			
White	77.0%	0.4%	0.0%
Other	73.0%	8.9%	7.5%
Income			
< \$10,000	84.4%	7.4%	1.4%
\$10-\$24,999	78.3%	3.1%	1.2%
\$25,000+	75.4%	0.4%	0.4%
Don't know/Refused	72.1%	1.6%	3.7%
Living Arrangement			
Live alone	87.5%	3.7%	0.8%
Married	74.7%	0.8%	1.4%
Live with others	53.7%	3.5%	4.5%

Percent Aware Of & Go To Senior Center by Selected Demographics

<i>City of Kansas City</i>	Aware	Go To
ALL	54.6%	7.0%
Age		
60-74	60.4%	4.6%
75+	46.9%	11.2%
Average Age	70.9	75.1
Sex		
Male	50.0%	4.3%
Female	57.5%	8.6%
Race		
White	50.0%	4.2%
Other	69.9%	17.6%
Income		
< \$10,000	79.9%	8.3%
\$10-\$24,999	65.8%	14.9%
\$25,000+	44.2%	2.0%
Don't know/Refused	47.5%	6.4%
Living Arrangement		
Live alone	64.3%	9.9%
Married	51.9%	3.9%
Live with others	39.5%	10.0%

<i>City of Kansas City</i>	Percent	Persons
	100.0%	51,615
Senior center in community (Q73)		
Yes	54.6%	28,182
No	7.4%	3,820
Don't know/Refused	38.0%	19,614
Go to a Senior Center (Q74)		
Yes	7.0%	3,613
No	93.0%	48,002
Why not go to a Senior Center (Q75)		
Don't need services offered	27.7%	14,297
Not available	45.4%	23,433
Not interested in services	6.8%	3,510
Not convenient	3.3%	1,703
No transportation	2.3%	1,187
Not old enough to go	0.8%	413
Don't feel welcome/belong	1.8%	929
Other	4.9%	2,529
I go to a Senior Center	7.0%	3,613

Service Awareness and Use

<i>City of Kansas City</i>	Percent	Persons
	100.0%	51,615
Assistance filling out forms available in community (Q76)		
Yes	57.4%	29,627
No	6.0%	3,097
Don't know/Refused	36.6%	18,891
Need/Receiving assistance with forms (Q77-Q78)		
Need it & am not receiving it	1.4%	723
Need it & am receiving it	4.5%	2,323
Not need it but am receiving	8.0%	4,129
Do not need this service	43.5%	22,453
Not asked	42.6%	21,988
Why not receiving assistance with forms (Q79)		
Don't know	1.3%	671
Receiving assistance with forms	12.5%	6,452
Don't need service	43.5%	22,453
Not asked	42.6%	21,988

Percent Receiving & Needing Assistance Filling Out Forms by Selected Demographics

<i>City of Kansas City</i>	Avail- able	Receiving	Unmet Need
ALL	57.4%	21.8%	2.4%
Age			
60-74	64.1%	24.2%	1.2%
75+	45.8%	11.5%	5.5%
Average Age	70.9	67.8	71.8
Sex			
Male	56.0%	24.1%	2.3%
Female	57.5%	20.4%	2.5%
Race			
White	58.5%	21.3%	2.0%
Other	51.7%	25.2%	4.5%
Income			
< \$10,000	68.9%	40.0%	0.0%
\$10-\$24,999	50.0%	19.3%	0.0%
\$25,000+	57.5%	15.4%	0.0%
Don't know/Refused	56.5%	22.0%	9.0%
Living Arrangement			
Live alone	61.6%	20.5%	4.0%
Married	56.0%	26.4%	1.2%
Live with others	48.6%	7.7%	0.0%

<i>City of Kansas City</i>	Percent	Persons
	100.0%	51,615
How often lack of transportation a problem (Q80)		
Always	2.9%	1,497
Nearly always	0.9%	465
Sometimes	7.2%	3,716
Seldom	3.0%	1,548
Never	86.0%	44,389
How often need to use public transportation (Q81)		
Always	1.8%	929
Nearly always	1.7%	877
Sometimes	4.0%	2,065
Seldom	5.7%	2,942
Never	86.7%	44,750
Public transportation system available (Q82)		
Yes	84.0%	43,357
No	14.7%	7,587
Don't know	1.3%	671
Public transportation meet all transportation needs (Q83)		
Yes	12.5%	6,452
No	1.4%	723
Don't use public transportation	86.0%	44,389
Why public transportation doesn't meet all needs (Q84)		
Day/Hour/Timing of service	0.1%	52
Destination outside service area	0.9%	465
Other	0.4%	206
Use public trans/meets needs	12.5%	6,452
Don't use public transportation	86.0%	44,389

*Note: Percentages for **Receiving** & **Unmet Need** are based on those who were asked the question.*

Data Tables

Service Awareness and Use

Percent For Whom Lack of Transportation is a Problem Always, Nearly Always or Sometimes by Selected Demographics

City of Kansas City	Lack of transportation is a problem
ALL	8.1%
Age	
60-74	7.3%
75+	9.7%
Average Age	72.4
Sex	
Male	2.8%
Female	11.8%
Race	
White	8.0%
Other	10.1%
Income	
< \$10,000	16.3%
\$10-\$24,999	10.2%
\$25,000+	0.5%
Don't know/Refused	6.9%
Living Arrangement	
Live alone	13.2%
Married	4.7%
Live with others	16.7%

City of Kansas City	Percent	Persons
	100.0%	51,615
Transportation service available where can call in advance (Q85)		
Yes	56.9%	29,369
No	8.4%	4,336
Don't know	34.7%	17,910
Transportation service meet all transportation needs (Q86)		
Yes	4.2%	2,168
No	0.7%	361
Don't use a service	95.1%	49,086
Why transportation service doesn't meet all needs (Q87)		
Day/Hour/Timing of service	0.2%	103
Other	0.3%	155
Use service & meets my needs	4.2%	2,168
Don't use service	95.1%	49,086
Don't know	0.2%	103
Need a daily check by someone (Q138-Q139)		
Need it & am not receiving it	1.0%	516
Need it & am receiving it	3.5%	1,807
Do not need this service	91.8%	47,383
Don't know/Refused	3.7%	1,910

Percent Receiving & Needing a Daily Check by Selected Demographics

City of Kansas City	Receive	Unmet Need
ALL	3.5%	1.0%
Age		
60-74	2.0%	0.6%
75+	4.0%	1.8%
Average Age	81.1	70.8
Sex		
Male	1.6%	1.6%
Female	4.7%	0.6%
Race		
White	2.5%	0.0%
Other	7.5%	4.6%
Income		
< \$10,000	4.7%	2.8%
\$10-\$24,999	5.2%	2.7%
\$25,000+	0.4%	0.0%
Don't know/Refused	5.9%	0.0%
Living Arrangement		
Live alone	4.9%	1.3%
Married	1.9%	1.0%
Live with others	5.7%	0.0%

Health Care

<i>City of Kansas City</i>	Percent	Persons	<i>City of Kansas City</i>	Percent	Persons
	100.0%	51,615		100.0%	51,615
Health coverage use to pay for most of medical care (Q117-120)			Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicaid (Q122c)		
Medicare	82.7%	42,686	Yes	1.0%	516
Through your employer	10.2%	5,265	No	98.3%	50,738
Through someone else's employer	1.0%	516	Don't know/Refused	0.7%	361
A plan that you buy on your own	0.5%	258	Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicare (Q122d)		
Some other source	1.8%	929	Yes	1.0%	516
Military, CHAMPUS, TriCare	1.0%	516	No	97.9%	50,531
Medicaid or Medical Assistance	0.1%	52	Don't know/Refused	1.1%	568
None	2.5%	1,290	Time during the last 12 months when needed to see a doctor but could not because of limited hours/days service is available (Q122e)		
Don't know/Refused	0.2%	103	Yes	2.5%	1,290
Time during the last 12 months when needed to see a doctor but could not because of the cost (Q121)			No	96.8%	49,963
Yes	6.7%	3,458	Don't know/Refused	0.7%	361
No	93.1%	48,054	Time during the last 12 months when needed to see a doctor but could not take time off work (Q122f)		
Don't know/Refused	0.2%	103	Yes	1.1%	568
Time during the last 12 months when needed to see a doctor but could not because of the lack of transportation (Q122a)			No	98.3%	50,738
Yes	2.5%	1,290	Don't know/Refused	0.6%	310
No	97.2%	50,170	Time during the last 12 months when needed to see a doctor but could not because of other reasons (Q122g)		
Don't know/Refused	0.2%	103	Yes	2.2%	1,136
Time during the last 12 months when needed to see a doctor but could not because could not get an appointment (Q122b)			No	97.1%	50,118
Yes	9.5%	4,903	Don't know/Refused	0.7%	361
No	90.3%	46,608			
Don't know/Refused	0.2%	103			

Health Care Coverage by Age Groups, Race and Income

<i>City of Kansas City</i>	Medicare	Through Employer	Other	Have no coverage
ALL	82.7%	11.2%	3.4%	2.5%
Age				
60-74	74.5%	16.4%	4.8%	4.0%
75+	96.4%	2.5%	1.0%	0.0%
Race				
White	85.7%	10.6%	2.3%	1.4%
Other	74.9%	13.7%	3.5%	6.8%
Income				
< \$10,000	79.0%	0.0%	6.9%	14.0%
\$10,000+	81.8%	13.7%	3.8%	0.8%
Don't know/Refused	86.6%	10.8%	0.7%	0.9%

Data Tables

Social Support

<i>City of Kansas City</i>	Percent	Persons
	100.0%	51,615
Talk on the telephone (Q132)		
Every day	62.3%	32,156
Several times a week	24.0%	12,388
Once a week	7.4%	3,820
Less than once a week	2.2%	1,136
Almost never	2.1%	1,084
Don't know/Refused	2.0%	1,032
Visit someone who does not live with you (Q133)		
Every day	8.0%	4,129
Several times a week	44.1%	22,762
Once a week	30.9%	15,949
Less than once a week	9.7%	5,007
Almost never	4.5%	2,323
Don't know/Refused	2.8%	1,445
Number of close friends who would help with emotional problems (Q134)		
None	7.7%	3,974
One	6.3%	3,252
Two	12.3%	6,349
Three or more	65.4%	33,756
Don't know/Refused	8.4%	4,336
Someone who would care for you (Q135)		
Yes	79.7%	41,137
No	12.6%	6,503
Don't know/Refused	7.7%	3,974
Length of time could provide care (Q136)		
No one to care for me	12.6%	6,503
As long as needed	46.7%	24,104
Only for a short time	18.4%	9,497
Only now and again	5.3%	2,736
Don't know/Refused	17.1%	8,826
Relationship to caregiver (Q137)		
No one to care for me	12.6%	6,503
Spouse	26.5%	13,678
Child	23.4%	12,078
Grandchild	3.5%	1,807
Other relative	5.6%	2,890
Friend/Neighbor	8.7%	4,491
Other	2.7%	1,394
Not asked	17.1%	8,826

<i>City of Kansas City</i>	Percent	Persons
	100.0%	51,615
Other(s) in household limited by impairment/health problem (Q140)		
Yes	16.3%	8,413
No	46.7%	24,104
No others in household	36.4%	18,788
Don't know/Refused	0.6%	310
Caregiver for another person (Q141)		
Yes	13.3%	6,865
No	49.7%	25,653
No others in household	36.4%	18,788
Refused	0.6%	310
Preference if needed help at home (Q143)		
In-home service agency	35.5%	18,323
Find and hire by oneself	29.3%	15,123
Don't know/Refused	35.2%	18,168

Percent with No Possible Caregiver

<i>City of Kansas City</i>	No Caregiver
ALL	12.6%
Age	
60-74	9.9%
75+	15.5%
Sex	
Male	2.2%
Female	19.2%
Race	
White	13.8%
Other	8.6%
Income	
Less than \$10,000	15.4%
\$10,000+	10.8%
Fair or Poor Health	
Yes	12.2%
No	13.0%
Functionally Limited	
Yes	19.6%
No	8.0%
Living Arrangement	
Live alone	19.3%
Married	9.2%
Live with others	7.6%

Social Support

<i>City of Kansas City</i>	Percent	Persons
	100.0%	51,615
Own or rent (Q129)		
Own	74.6%	38,505
Rent	18.9%	9,755
Other	3.0%	1,548
Don't know/Refused	3.5%	1,807
Type of housing (Q130)		
House	77.4%	39,950
Apartment	11.0%	5,678
Mobile home	0.9%	465
Condo	0.0%	0
Duplex	3.4%	1,755
Retirement home	3.5%	1,807
Other	1.2%	619
Refused	2.6%	1,342
Time lived at current residence (Q131)		
1-5 months	2.8%	1,445
6-11 months	2.0%	1,032
12-23 months	1.1%	568
2 or more years	92.4%	47,692
Refused	1.7%	877
Considering moving to a place where can get more help (Q144)		
Within the next six months	0.0%	0
Within one year	1.2%	619
In one or two years	0.0%	0
Sometime in the future	16.8%	8,671
Not considering moving at all	78.1%	40,311
Don't know/Refused	3.9%	2,013
Neighborhood safe from crime (Q128)		
Extremely safe	10.0%	5,162
Quite safe	58.7%	30,298
Slightly safe	20.9%	10,788
Not at all safe	2.7%	1,394
Don't know/Refused	3.7%	1,910

<i>City of Kansas City</i>	Percent	Persons
	100.0%	51,615
Discriminated against because of age (Q145)		
Most of the time	0.0%	0
Some of the time	2.7%	1,394
Seldom	9.3%	4,800
Never	83.5%	43,099
Don't know/Refused	4.5%	2,323
Discriminated against because of race (Q146)		
Most of the time	1.5%	774
Some of the time	1.6%	826
Seldom	5.0%	2,581
Never	86.1%	44,441
Don't know/Refused	5.8%	2,994
Racial or ethnic discrimination prevented receipt of needed services (Q147)		
Yes	1.5%	774
No	6.6%	3,407
No discrimination	91.9%	47,434
Know of elder abuse/neglect in community (Q148)		
Yes	5.7%	2,942
No	91.2%	47,073
Don't know/Refused	3.1%	1,600
Kind of abuse/neglect (Q149) (More than one response accepted)		
Physical	3.7%	1,910
Emotional	1.5%	774
Financial	1.8%	929
Do not know of any abuse	94.5%	48,776
Aware of abuse/neglect hotline (Q90)		
Yes	27.4%	14,143
No	72.6%	37,472

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**2000 Missouri Older Adult Needs Assessment
St. Louis Metro**

**Missouri Area Agencies on Aging
Missouri Department of Health and Senior Services**

March 2003

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Population

- As the “baby boom” generation begins to gray, the older population is expected to double in the United States over the next 30 years.
- Missouri’s age 65 and older population has increased 5% from 1990 to 2000; the 85+ age group has grown 21%. The St. Louis metro area has seen similar changes; the 65+ age group has grown 5% and the 85+ age group, 22%.
- The age of seniors surveyed ranges in years from 60 to 95, with an average of 71 years. Women account for the majority surveyed across all age groups.
- Marital status and living arrangement are closely linked to an older adult’s income, health status and the availability of caregivers. Marital status and living arrangement vary among age and sex. As age increases, the number of seniors living alone significantly increases. Men are more likely than women to be married at every age level.
- Household income decreases as age increases. Women are more likely than men to report incomes under \$10,000, a function of a women’s lifelong economic dependency on her spouse and her greater likelihood of widowhood.

Health Status

- Self-rated health is a simple but informative summary measure of health. Seventy-three percent of seniors assess their health as good, very good or excellent; 27% rate their health as fair or poor.
- Self-rated health differs by socioeconomic indicators. The more education received, and the higher the reported income, the better the health rating.

- Thirty percent of older adults report being limited in activities because of an impairment or health problem.

Functional Status

- Functional limitation and whether a person receives assistance serve as key indicators of an older person’s ability to live independently and remain in the community. One-third of seniors need help in performing one or more everyday activities. As age increases, functional limitations increase. Women are more likely than men to need help.
- The majority of seniors are receiving the necessary help with their everyday activities, most often aided by family members. Yet, 12% report not getting help or needing more help. Walking is the most likely activity of daily living (ADL) where assistance is not being received. Heavy house cleaning is the instrumental activity of daily living (IADL) need that most often goes unmet.

Service Awareness and Use

- Most seniors will talk with their families when they need someone to help with their personal care or day-to-day activities. There is a substantial number of elders though who do not know who they would speak with when they need help.
- Fourteen percent of older adults would contact the Division of Senior Services to find out about aging services in their community; 51% do not know which agency to contact. One-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services.
- The majority of seniors, 71%, are aware of home-delivered meals. Seven percent of older adults report receiving either home delivered meals or meals on wheels; 2% need meals but are

Highlights

not getting them delivered, or feel the service they are getting does not provide them with enough meals.

- Most older adults, 63%, know of a senior center in their community where they can go to eat meals and participate in activities. Nine percent of older adults visit a center in their community.
- Assistance filling out Medicare, insurance or other forms is thought to be available in the community by almost half of seniors. Fifteen percent of older adults receive this help; another 1% say they could use help.
- Lack of transportation is a problem for almost 10% of older adults. The older old, women and lower income seniors more often find lack of transportation a problem.
- Seven percent report needing to use a public transportation system, and for most using public transportation, it meets all their needs.
- Over two-thirds of seniors are aware of a transportation service where you can call in advance. Eleven percent of seniors use this service, and for most it meets all their transportation needs.
- Over 90% of elders do not need a daily check by someone to be sure they are okay. Three percent of older adults receive such a check; another 3% feel they need it but are not getting it.

Health Care

- Medicare is the most common health care coverage for those age 65 and older. Those under 65 are most likely to be covered by their own or someone else's employer.
- One percent, an estimated 2,860 persons, report having no health insurance, with the majority of them under age 65.

- Not being able to get an appointment, lack of transportation, and limited service days/hours are the most often cited reasons for not being able to see a doctor when needed.

Social Support

- Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. Most seniors, 93%, talk on the telephone at least weekly. Face-to-face interactions occur less frequently but still 82% manage to visit someone outside their home at least once a week.
- Ten percent of older adults, or an estimated 30,860 persons, have no one who would care for them if they became sick or disabled. For those who have a potential caregiver, it is most likely to be a spouse or child, and someone who is able to care for them as long as needed.
- Around 85% of older adults own their home, 82% live in a house and 95% have lived at their current residence for two years or more. The majority, 85%, consider their neighborhoods to be extremely or quite safe from crime.
- Most older adults have never been discriminated against in the past year because of their age (88%) or their race (93%).
- Only 2% of seniors are aware of older adults in their community who have been abused or neglected. Over one-fourth, 29%, are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

Since 1900 the percentage of Americans 65 and older has more than tripled. The older population will continue to grow significantly and is expected to double over the next 30 years as the "baby boom" generation begins to "gray".¹ The fastest growing segment of the older population are those 85 years old and older.

Missouri's age 65 and older population has increased 5% from 1990 to 2000. Consistent with the nation, Missouri's 85+ age population has had the greatest rate of growth among age cohorts in the state, increasing 21% over the last 10 years.² The St. Louis metropolitan area (see pg. 5) mirrors the state with a 5% growth in the age 65 and over population and a 22% increase among the 85+ age group.³

In America, and in Missouri as well, one can expect to spend a significant number of years in old age. Quality of life in later years is directly influenced by an older person's health and level of physical and cognitive functioning. Good health, the ability to live independently in the community and affordable health care are concerns not only for the older person but for society as a whole. Younger persons who care for their aging relatives face financial and emotional challenges. For society, the financing of health care services for seniors is a significant outlay of resources.⁴

In order to effectively address the needs of the older population in Missouri, quality data are needed for assessing functional status, health behaviors and needed assistance. The Missouri Department of Health and Senior Services (formerly the Department of Health and the Division of Aging within the Department of Social Services) and the ten Missouri Area Agencies on Aging (AAA) have conducted a statewide study of older adults, 60 years of age or older, and have targeted minority populations. Analysis of this information will serve as a foundation for program policies to address the needs of this growing population and to improve the quality of life for Missouri's seniors.

Survey Design and Administration

The Missouri Department of Health and Senior Services (DHSS), Division of Chronic Disease Prevention and Health Promotion (CDPHP) designed the needs assessment study, developed the survey questionnaire and conducted the telephone interviews. There were two phases to the study. The first phase sampled the entire state. The second phase targeted minority populations in metro Kansas City, metro St. Louis and the Bootheel region.

The statewide study was designed to provide statewide representation of the population age 60 and older. A disproportionate stratified random sample was used, stratifying by regions that roughly correspond to DHSS districts. This report covers the St. Louis metro area (See Sampling Regions, pg. 5).

Trained interviewers from the CDPHP placed the calls and interviewed only respondents age 60 or older. Proxy respondents were allowed if the respondent was unable to speak on the telephone because of a hearing problem or physical disability. Interviewing occurred June 23, 2000 through March 8, 2001. A total of 2,757 surveys were completed for the statewide study; 530 surveys were conducted among seniors in the St. Louis metro area.

Analysis

The CDPHP has applied the Behavioral Risk Factor Surveillance System (BRFSS) weighting formula to all data collected.⁵ Weighting allows for controlling all known sources of bias and a regional stratification adjustment and post-stratification weight to compensate for non-response and non-coverage of households without telephones. Upon weighting, sample proportions of selected demographic characteristics equal the estimated sample proportions of the population, and the sample size equals Missouri's age 60 and older, non-institutionalized population based on 1990 Census data.

To arrive at population estimates based on 2000 Census data, sample percentages have been ap-

Introduction

plied to the age 60 and older population obtained from the 2000 Census, excluding an estimate of the age 65+ institutionalized population. The institutionalized, age 65+ population from the 2000 Census is not yet available on a county level so an estimate of this population for the St. Louis metro region has been determined using the following methodology. Statewide, 50% of the institutionalized population is age 65 or older; it has been assumed that 50% of the region's institutionalized population is also age 65 and older. Half of the institutionalized population has then been deducted from the age 65 and older population, with the resulting total added to the age 60-64 population to arrive at the regional estimate. This estimate has been used as the basis to provide further estimates of certain populations, as noted throughout the report and in the Data Tables section starting on page 22.

Chi-square tests and *t*-tests were conducted at the 95% confidence level to determine statistically significant differences. Where noted in the report, a significant difference means statistical significance at the 95% confidence level.

Report Organization

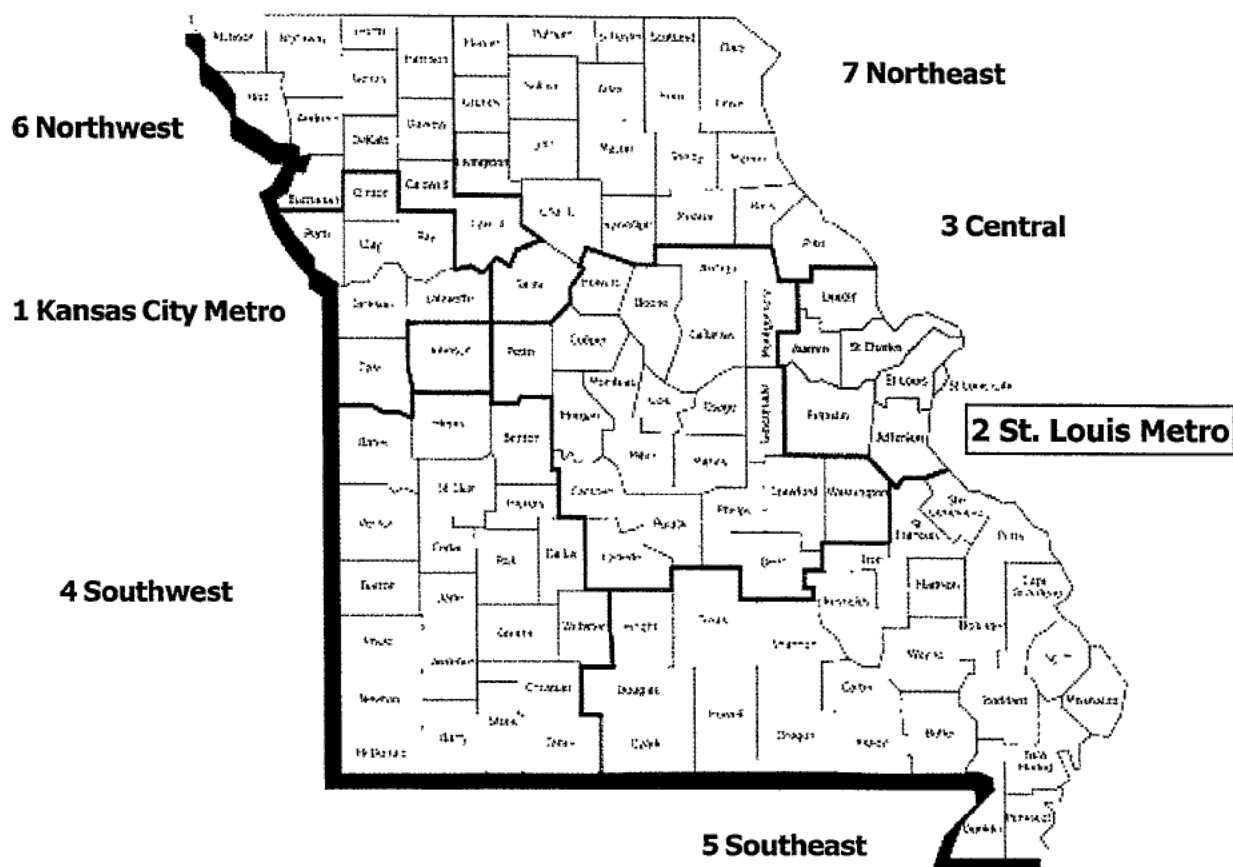
This report is a summary of the data collected from the statewide study for the St. Louis metro area. The first section details selected demographic characteristics of the surveyed older population. The second section covers health status measures and health habits while section three presents measures of functional status. The fourth section explains awareness and usage of selected community aging services. Section five highlights health care coverage and the last section covers issues regarding social activity, caregiving, discrimination, abuse and neglect, and neighborhood safety. At the end of the report is a section of data tables that provides supporting data for the report and population estimates based on the 2000 U.S. Census non-institutionalized, age 60 and older population.

Population Estimate for the St. Louis Metro Region	
65+ population	252,867
- 50.283% of institutionalized population	10,550
Estimated 65+, non-institutionalized population	242,317
+ 60-64 population	75,826
Estimated 60+, non-institutionalized population	318,143

References

- ¹ A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services
- ² Regional Profiles, OSEDA-Office of Social and Economic Data Analysis, www.oseda.missouri.edu/regional_profiles/pchseniorpop_1990_2000.html
- ³ Basic Demographic Profile Trend Report 1990-2000, Missouri Census Data Center, www.mcdc.missouri.edu
- ⁴ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.
- ⁵ National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Factor Surveillance System, www.cdc.gov/nccdphp/brfss/, Frequently Asked Questions (FAQs)

Sampling Regions



1 Cass, Clay, Clinton, Jackson, Lafayette, Platte, Ray

2 Franklin, Jefferson, Lincoln, St. Louis City, St. Louis County, St. Charles, Warren

3 Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Washington

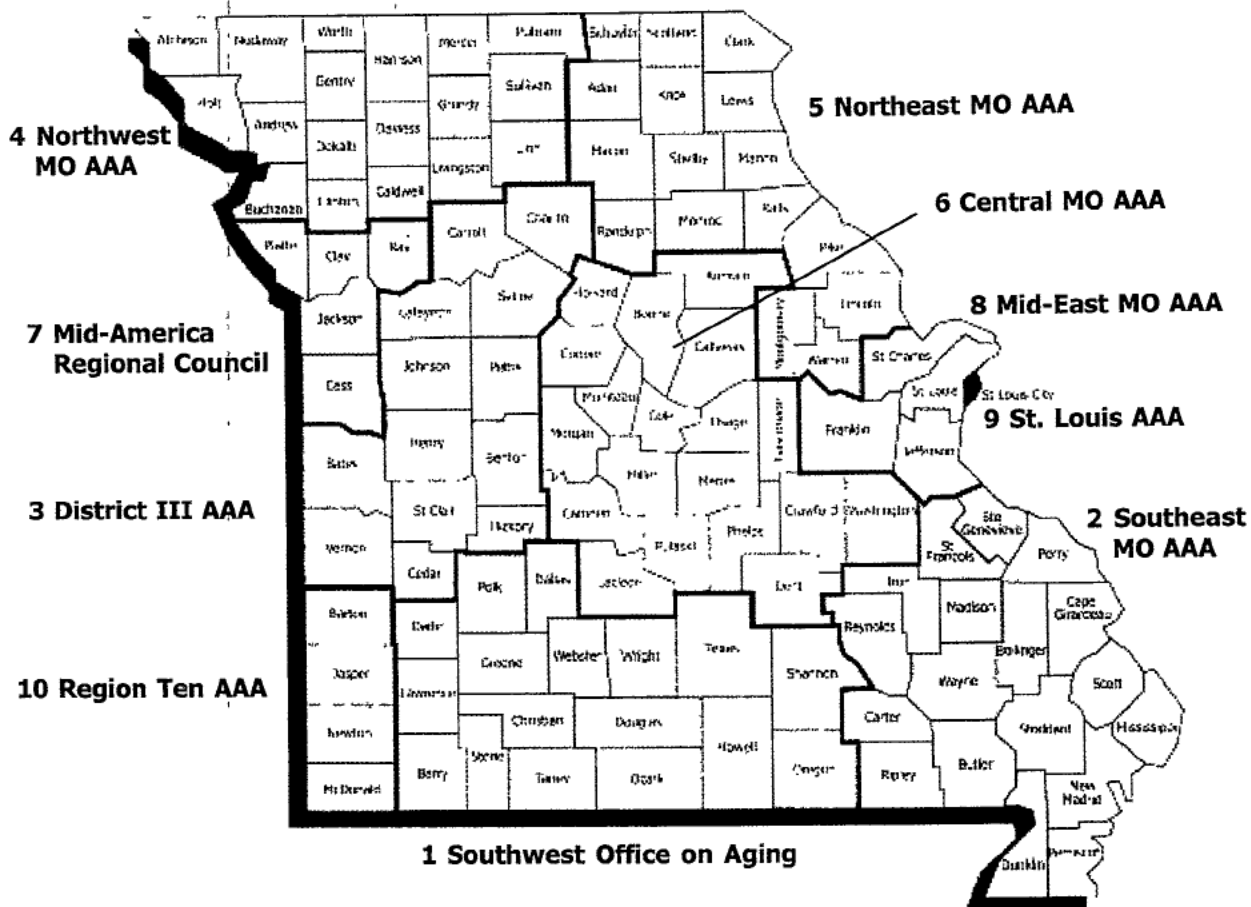
4 Barry, Barton, Bates, Benton, Cedar, Christian, Dade, Dallas, Greene, Henry, Hickory, Jasper, Lawrence, McDonald, Newton, Polk, St. Clair, Stone, Taney, Vernon, Webster

5 Bollinger, Butler, Cape Girardeau, Carter, Douglas, Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Reynolds, Ripley, Ste. Genevieve, St. Francois, Scott, Shannon, Stoddard, Texas, Wayne, Wright

6 Andrew, Atchison, Buchanan, Caldwell, Carroll, Daviess, DeKalb, Gentry, Harrison, Holt, Johnson, Nodaway, Worth

7 Adair, Chariton, Clark, Grundy, Knox, Lewis, Linn, Livingston, Macon, Marion, Mercer, Monroe, Pike, Putnam, Ralls, Randolph, Saline, Scotland, Schuyler, Shelby, Sullivan

Area Agency on Aging Regions



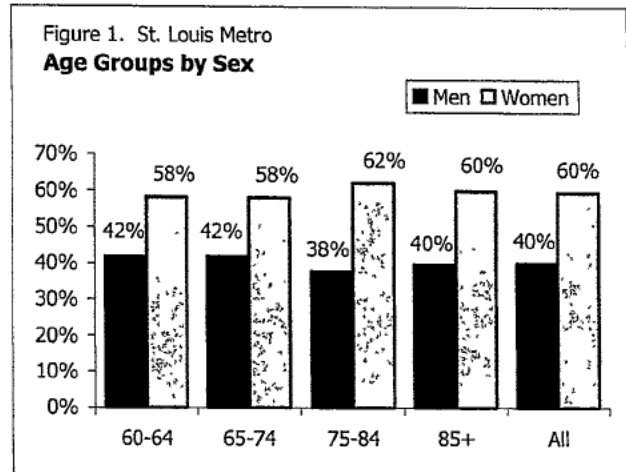
- 1 Barry, Christian, Dade, Dallas, Douglas, Greene, Howell, Lawrence, Oregon, Ozark, Polk, Shannon, Stone, Taney, Texas, Webster, Wright
- 2 Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Perry, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Stoddard, Wayne
- 3 Bates, Benton, Carroll, Cedar, Chariton, Henry, Hickory, Johnson, Lafayette, Pettis, Saline, St. Clair, Vernon
- 4 Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Putnam, Sullivan, Worth
- 5 Adair, Clark, Knox, Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Randolph, Schuyler, Scotland, Shelby, Warren
- 6 Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski, Washington
- 7 Cass, Clay, Jackson, Platte, Ray
- 8 Franklin, Jefferson, St. Charles, St. Louis
- 9 St. Louis City
- 10 Barton, Jasper, McDonald, Newton

Note: See pg. 36 for contact information.

Demographic Characteristics

The age of seniors surveyed ranges in years from 60 to 95, with an average of 71 years. Women account for the majority surveyed across all age groups (Figure 1). The average age is the same for both men and women.

The majority of older adults interviewed are white; 14% report themselves as black, and 0.5% as a race other than white or black (Data Tables, pg. 22). For analysis purposes, races other than white will be grouped into a category called Other.



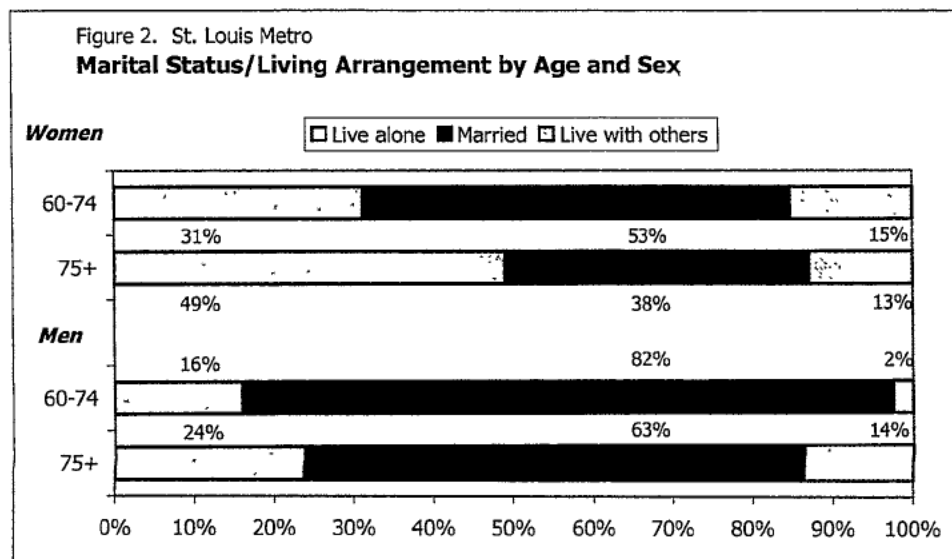
Marital Status, Living Arrangement

Marital status and living arrangement impact older adults' well-being as they are closely linked to income, health status, and the availability of potential caregivers. Consistent with U.S. Census data¹ and national health study data², marital status and living arrangement of Missouri's seniors vary considerably by age, sex and race.

Living arrangement is defined by marital status and the number of people residing in the household. An assumption was made that if the respondent is married and living with another person, that respondent is living with his/her spouse.

For analysis purposes, marital status and living arrangement are combined into the following categories: married and living with others; living alone; living with others.

The number of seniors living alone increases with age. Only 16% of adults aged 60 to 64 live alone; that percentage jumps to 48% for the 85+ age group (Data Table, pg. 22). Men are more likely than women to be married at both age levels, reflecting the fact that men are often outlived by their wives, marry women younger than themselves and remarry more frequently (Figure 2).



Population

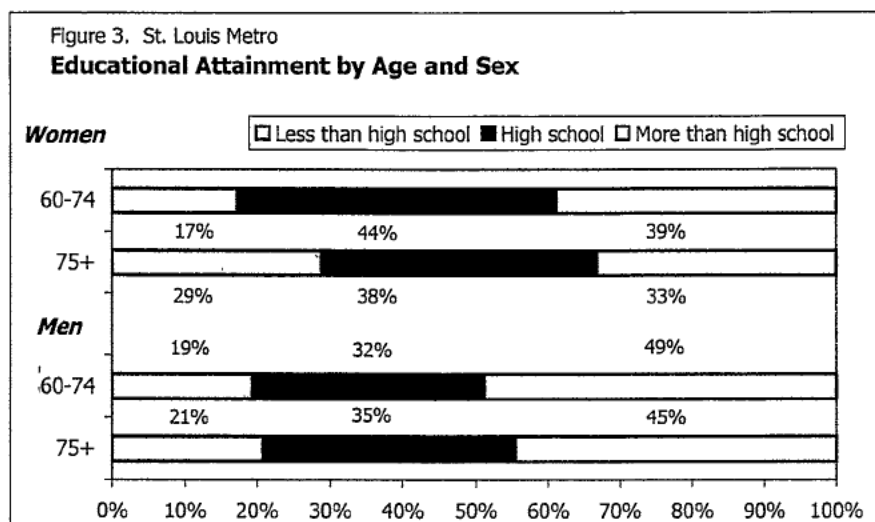
Educational Attainment

Higher levels of education are usually correlated with higher incomes, higher standards of living, and above-average health status among older adults. Thus, education can have an indirect influence on a person's well-being.³

Over three-fourths of older adults, 79%, have received at least a high school education. Those

who did not finish high school are on average older than those who have an education beyond high school (Data Tables, pg. 23).

Among the sexes, women are more likely to have finished high school while men are more likely to have gone on to college (Figure 3).

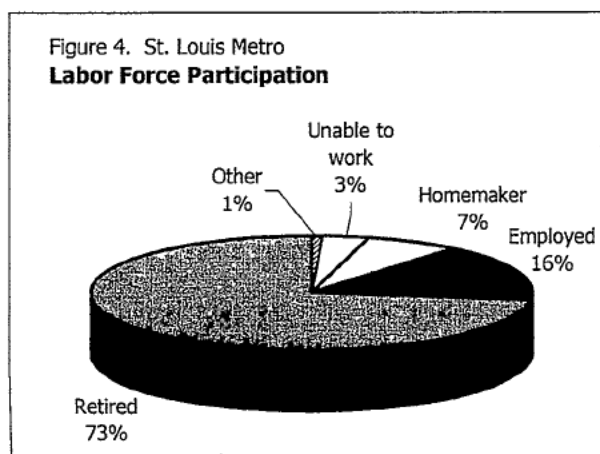


Labor Force Participation

Almost three-fourths of older adults are retired; 16% are employed (Figure 4). Employed seniors who average 66 years of age are younger than retirees, who average 73 years of age. Women are just as likely as men to be employed in their senior years (Table 1).

Table 1. St. Louis Metro
Percent Employed by Age and Sex

	Men	Women	ALL
ALL	19%	15%	16%
60-64	39%	28%	33%
65-74	18%	18%	18%
75-84	5%	2%	3%
85+	2%	0%	1%

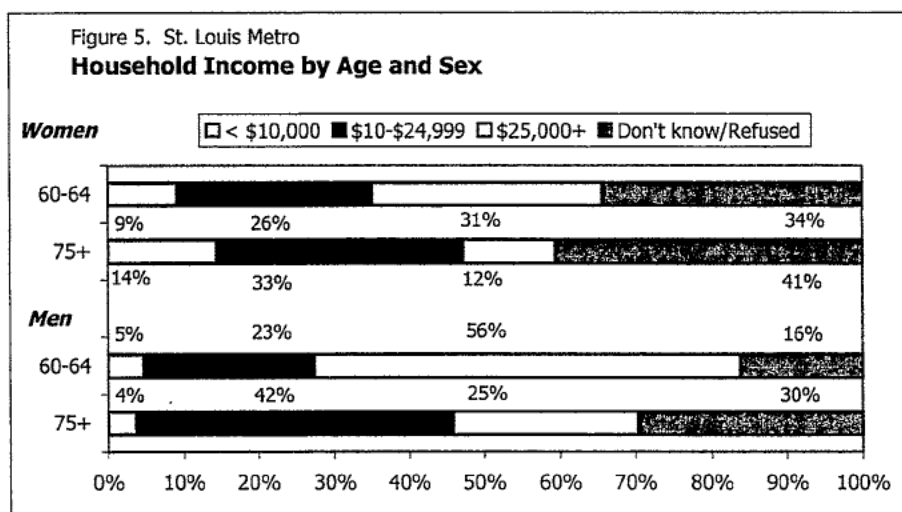


Household Income

An older adult's income has a direct bearing on his or her quality of life. Persons with inadequate income risk lack of food, housing, health care and needed services. Socioeconomic status has been proven to affect a person's health.⁴

Annual household income is less than \$25,000 for 37% of seniors; 12% have incomes of \$50,000 or more (Data Tables, pg. 23). Thirty-one percent of respondents either refused to report their income or did not know their income. This is more prevalent among women and seniors living with others.

As age increases, household income decreases for both men and women (Figure 5). Men are more likely than women to report higher incomes. Women are more likely than men to report incomes of under \$10,000, a function of a woman's lifelong economic dependency on her spouse and her greater likelihood of widowhood.



References

¹ Current Population Reports. The Older Population in the United States. U.S. Census Bureau. March 1999.

² National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

³ Federal Interagency Forum on Aging-Related Statistics. Older Americans 2000: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics, Washington, DC: U.S. Government Printing Office. August 2000.

⁴ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vo. 279 Issue 21 06/03/98, 1703-1709.

Health Status

Self-Rated Health

Self-assessed health is one of the simplest but most informative measures of health, summarizing physical, emotional and social aspects of well-being. Research has found self-rated health to highly correlate with mortality, and has demonstrated that older persons who report their health as poor are at increased risk for declines in physical functioning.¹

Seventy-three percent of seniors assess their health as good, very good or excellent while 27% report their health as fair or poor (Data Tables, pg. 24). Percentages of fair and poor health are not significantly different among men and women (Figure 6).

National studies^{1,2} and the 1994 Needs Assessment study have found black seniors to be more likely to report worse health. In this study, the percentage who report poor health is significantly greater for minority seniors (Figure 7). Those living with others are more likely than married elders to report fair or poor health.

Differences in health outcomes by socioeconomic position have been recognized as a persisting public health problem. The Americans' Changing Lives (ACL) longitudinal study found that lower levels of education and income are associated with a significantly higher prevalence of health risk behaviors, including smoking, being overweight and physical inactivity.³

Figure 6. St. Louis Metro
Percent Who Report Fair or Poor Health by Age and Sex

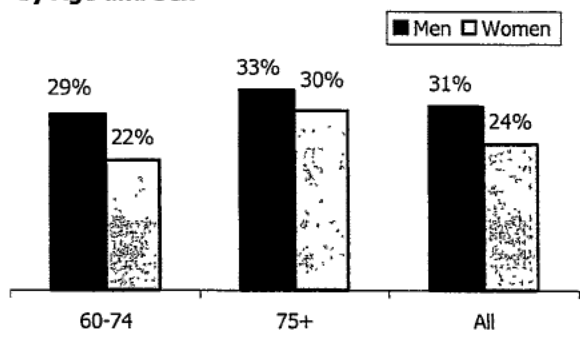
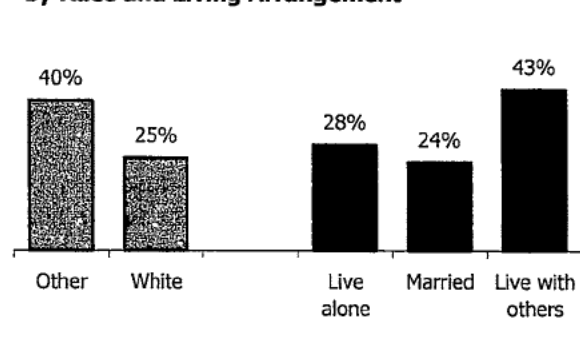


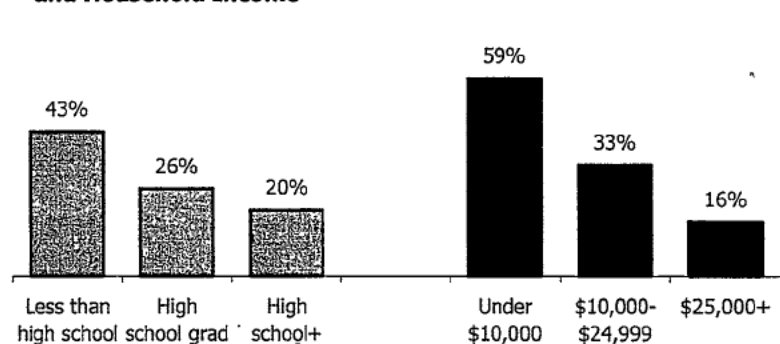
Figure 7. St. Louis Metro
Percent Who Report Fair or Poor Health by Race and Living Arrangement



Seniors' perception of their health also differs significantly in this study by the socioeconomic indicators of educational attainment and household income. Self-rated health improves as education and income increase. Those who have received less than a high school education are significantly more likely than those with an education beyond high school to report fair or poor health (Figure 8).

Over half of seniors with incomes under \$10,000 report fair or poor health. In contrast, only 16% of those with incomes \$25,000 or greater feel their health to be fair or poor (Figure 8).

Figure 8. St. Louis Metro
Percent Who Report Fair or Poor Health by Education and Household Income



Health Limitations

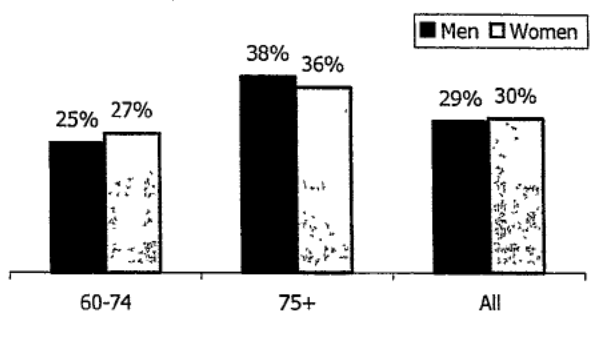
Chronic diseases such as arthritis affect the quality of life and contribute to disability and the inability to live independently. Thirty percent of older adults are limited in activities because of an impairment or health problem. Arthritis/rheumatism (7%), a walking problem (5%), and a heart problem (3%) are the major afflictions reported as limiting activities (Data Tables, pg. 24).

Women and men are equally likely to report their activities are limited by a health problem (Figure 9). Those rating their health as fair or poor are more likely than those with a good to excellent self-health rating to indicate their activities are limited because of a health problem (Data Tables, pg. 24).

Twelve percent report having trouble learning, remembering or concentrating because of an impairment or health problem (Data Tables, pg. 24).

Survey participants were asked a variety of questions regarding how many days in the past 30 days they felt healthy, and how many days they were affected by poor physical health, poor mental health, and sleep deprivation. (Table 2; Data Tables, pg. 25)

Figure 9. St. Louis Metro
Percent Who Are Limited by a Health Problem by Age and Sex



Days of Good Health

The majority of seniors have felt very healthy and full of energy at least one day in the past 30 days. Those reporting at least one day of good health average 24 good days.

Days of Poor Health

Over one-fourth of seniors have had one or more days in the past 30 where their physical health was not good, averaging 16 poor days. Pain made it hard for 20% of older adults to do their usual activities at least one day in the past month. On average, pain inhibited daily activities for 14 days during the month.

Table 2. St. Louis Metro
Percent Who Report At Least 1 Day in the Past 30 Days

	Percent	Estimated Persons	Average # of Days
Felt very healthy & full of energy	82%	261,195	24.2
Physical health was not good	28%	87,807	16.1
Pain made it hard to do activities	20%	63,629	14.4
Mental health was not good	15%	48,358	14.1
Felt sad, blue, depressed	24%	76,036	9.7
Felt worried, tense, anxious	28%	89,716	11.2
Did not get enough rest/sleep	36%	113,259	11.6
Poor health kept you from activities	13%	41,995	15.1

Poor mental health days have been experienced by 15% of seniors, who average 14 poor days; one-fourth have had at least one day where they felt sad, blue or depressed and average 10 such days; over one-fourth have felt worried, tense or anxious and average 11 days; over one-third did not get enough rest or sleep, averaging 12 days.

Poor physical or mental health has kept an estimated 41,995 seniors from doing their usual activities; these individuals average 15 days of poor overall health.

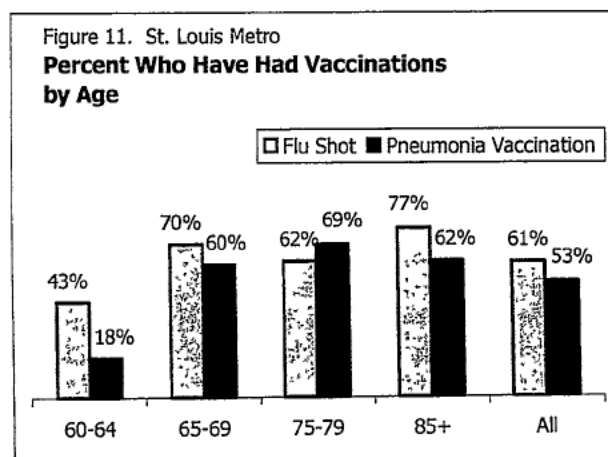
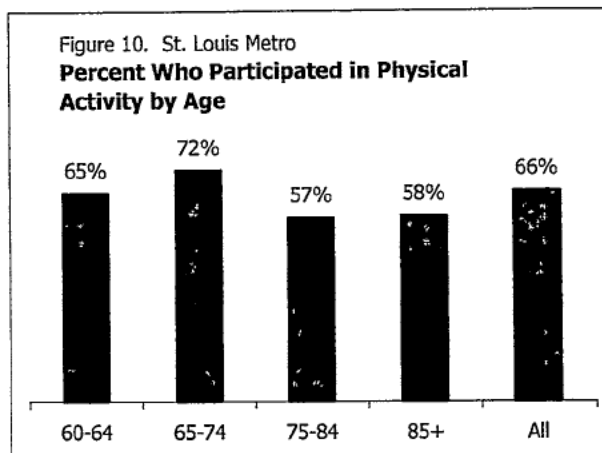
Health Status

Health Habits

Research has shown that physical activity has many health benefits: reducing the risk of certain chronic diseases, relieving symptoms of depression, helping to maintain independent living, and enhancing the overall quality of life. Two-thirds of seniors have participated in physical activities or exercised in the past month; participation declines somewhat with age (Figure 10).

The most popular activities seniors participate in are walking and gardening. For those who do exercise, they do so several times a week (Data Tables, pg. 26).

Older adults are at a higher risk of contracting and suffering from consequences of the flu or pneumonia. An annual flu shot and a pneumonia vaccination are recommended for adults age 65 and older. Over half of seniors have had a flu shot in the past year, with the majority receiving their shot at a doctor's office; 53% have had a pneumonia vaccination (Figure 11).



References

- ¹ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.
- ² A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services
- ³ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vo. 279 Issue 21 06/03/98, 1703-1709.

The functional ability of an older person declines with age. Functional limitation and whether a person receives assistance serve as key indicators of an older person's ability to live independently in the community and have implications for service delivery, quality of life, and life expectancy. Functional status is commonly defined in terms of the ability to perform certain tasks of daily living. Researchers group these tasks into two categories: essential activities of daily living (ADL) and the more complex instrumental activities of daily living (IADL). The ADLs included in this survey are eating, bathing, dressing, toileting, getting in/out of bed, walking, getting around the house, and getting outside. IADLs include light housework, heavy housework, using the telephone, shopping, preparing meals, taking medication and managing money.

For each ADL and IADL, respondents were asked how much difficulty they had performing each task, who helped them if they had difficulty and if it was enough help. Respondents are considered to have difficulty with an ADL or IADL if they report needing some help or unable to do without help. Consistent with other studies, those who report they do not do an ADL are counted as having difficulty.¹ Because ADLs are fundamental to the existence of the person, it is likely the respondent who "does not do" a specific activity is limited. The percentage of those reporting "doesn't do for other reason" is less than one percent for any given ADL. Unlike ADLs, IADLs are not necessities of life and may not be done for reasons other than disability. Thus, those who report they do not do a specific IADL are not counted as limited.

ADL and IADL Difficulties

One-third of seniors need some help performing either ADLs or IADLs (Figure 12). Mobility is the most prevalent ADL difficulty with 13% having trouble walking, getting around the house, and/or getting outdoors; 5% have difficulty with personal care activities (Figure 13). Overall, 13% have ADL difficulties.

More seniors need help with IADLs than with ADLs, 34% vs. 13% respectively (Figure 12). Help

Figure 12. St. Louis Metro
Functional Limitations

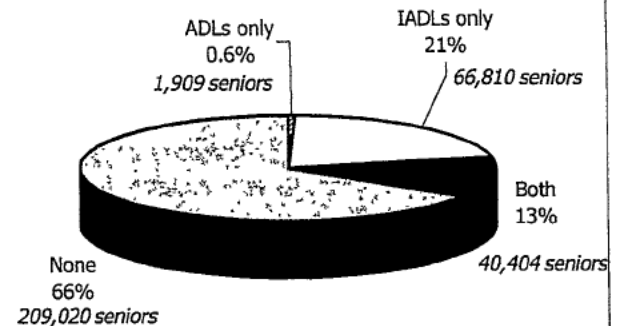
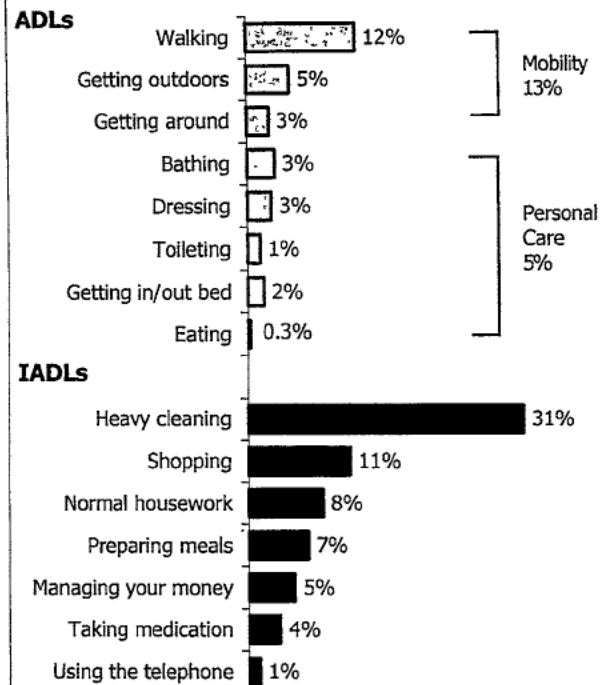


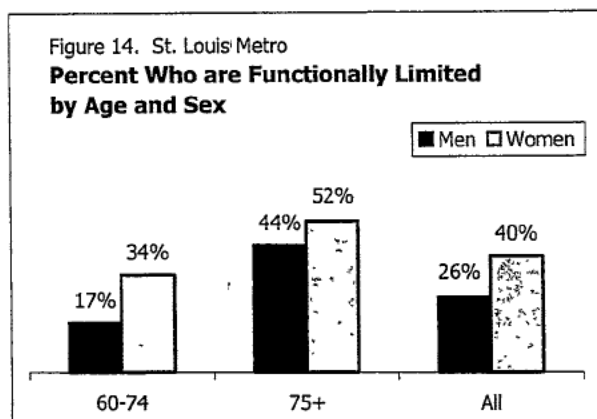
Figure 13. St. Louis Metro
Percent with ADL and IADL Difficulties



is most often required with cleaning and shopping (Figure 13).

Seniors with functional limitations are on average older than those without limitations, 74 vs. 70 years old. Women more than men are likely to need assistance with ADLs and/or IADLs (Figure 14).

Functional Status



Assistance with Functional Limitations and Unmet Needs

Some seniors are able to overcome their difficulties in performing daily activities through the use of assistive devices; many others require personal assistance. The majority of elders are receiving the necessary assistance and in most cases, it is enough help (Data Tables, pgs. 27-28).

For most, assistance comes from family. Professional help is used most for normal housework and heavy cleaning. Other help, usually in the form of assistive devices such as a walker or cane, is more often used with walking, getting around the house or getting outdoors (Data Tables, pgs. 27-28).

While help is available for most seniors who need it, there are still thousands who are going unaided. These adults may be at risk for institutionalization if the need for assistance goes unmet. Unmet need has been determined for each ADL and IADL where an individual has no one to help when help is needed, or if the help they get is enough help only some of the time, seldom or never.

Overall, 12% of older adults are in need of help or need more help with their everyday activities (Figure 15). Six percent need more help with one or more ADLs, with the majority of elders requiring assistance with walking. Eight percent could use additional help with at least one IADL. Heavy cleaning is the need that most often goes unmet (Data Tables, pg. 27-28).

As with ADL and IADL difficulties, unmet need for assistance increases as age increases and women are more likely than men to go unaided (Figure 16). The difference between the sexes for needed IADL assistance is much greater than the need for ADL assistance. This is likely due to the traditional role women have played in the household, where cleaning, shopping and cooking are the woman's responsibility. Thus, men may not need help with these activities because they do not do these activities.

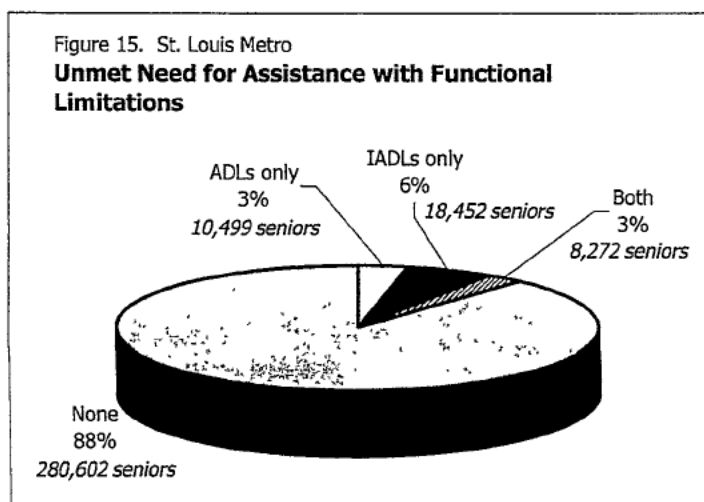
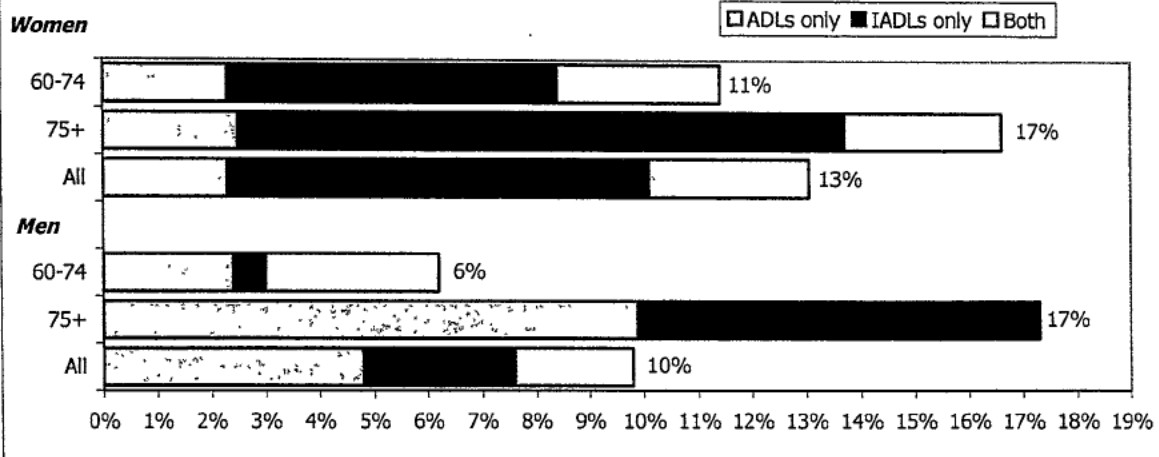


Figure 16. St. Louis Metro

**Percent of Unmet Need for Assistance with Functional Limitations
by Age and Sex**



References

¹ Health Data on Older Americans: United States, 1992. National Center for Health Statistics. Vital and Health Statistics 3(27), January 1993.

Service Awareness and Use

Where To Go For Help

Most seniors will talk with their family members when they need someone to help with their personal care and their day-to-day activities (Table 3). Seventeen percent, or an estimated 54,400 persons, don't know with whom they would speak for personal care assistance; 14%, or an estimated 44,860 persons, do not know who to talk to about getting help with day-to-day activities (Data Tables, pg. 29).

One-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Social Services (Figure 17).

Regarding agencies to contact to find out about aging services in the community, awareness is highest for the Division Social Services. The majority do not know which agency to contact for services (Figure 18).

Overall, 8% of older adults indicate they have no one to talk to about getting help with personal assistance or day-to-day activities, and do not know what agency to speak with about aging services.

Table 3. St. Louis Metro

Who Would You Talk to for Help

	With Personal Care	With Day-to-Day Activities
Family	50%	61%
Doctor	15%	6%
Social service agency	6%	5%
Other	12%	14%
Don't know	17%	14%

Figure 17. St. Louis Metro

Aware of the Toll-Free Information and Referral Number

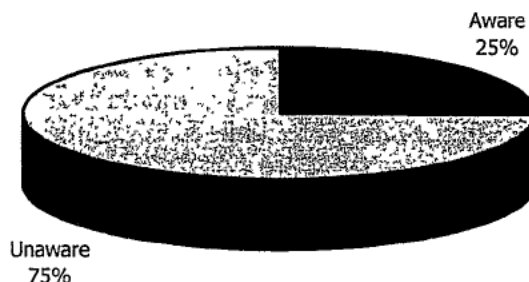
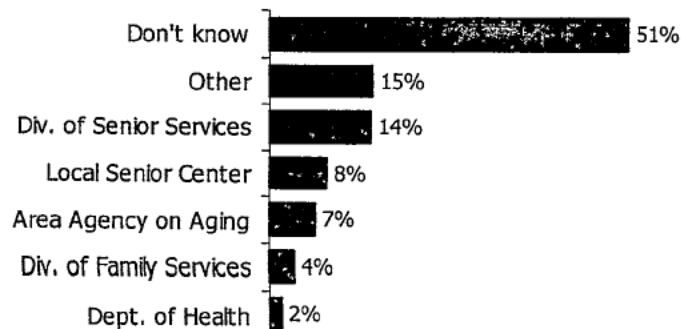


Figure 18. St. Louis Metro

Agency To Contact About Aging Services



Service Awareness and Use

Home-Delivered Meals

Almost three-fourths of older adults are aware of the availability of home-delivered meals or Meals on Wheels in their community (Table 4).

Table 4. St. Louis Metro
Home-Delivered Meals

	Percent	Persons
Aware	71%	225,882
Receiving	7%	23,224
Unmet Need	2%	6,999

Seven percent of seniors report having meals delivered to their homes (Table 4). This would include Home Delivered Meals through local senior centers and other community operated meals on wheels programs. 2% believe they need home-delivered meals but are not getting them, or feel the service does not provide them with enough meals (Table 4). Reasons for not receiving meals include service not meeting the need and not affordable (Data Tables, pg. 29).

The vast majority of seniors, 97%, have not been concerned about having enough food for themselves and their families in the past 30 days (Data Tables, pg. 29).

Senior Center

Almost two-thirds of older adults know of a

Table 5. St. Louis Metro
Senior Center

	Percent	Persons
Aware	63%	200,748
Go To	9%	29,587

senior center in their community where they can eat meals and participate in social activities (Table 5).

Nine percent report visiting a senior center (Table 5). Attendance is higher for the older old and for white seniors (Data Tables, pg. 30).

Reasons for not visiting a senior center include a center is not available, not needing the services offered there, and not interested in the offered services (Data Tables, pg. 29)

Assistance Filling Out Forms

Assistance filling out Medicare, insurance or other forms is thought to be available in the community by almost half of seniors (Table 6).

Not everyone was asked if they currently need help filling out forms due to a survey programming error. *Thus, the data presented here is based on only those seniors asked so need and receipt of assistance of this service may be underestimated.*

Fifteen percent of seniors say they receive help filling out their forms; another 1% could use help with their forms (Table 6).

Table 6. St. Louis Metro
Assistance Filling Out Forms

	Percent	Persons
Available	49%	155,254
Receiving	15%	23,224
Unmet Need	1%	1,909

Service Awareness and Use

Transportation

Lack of transportation is a problem for almost 10% of seniors when they want to go someplace (Data Tables, pg. 31, 32). The older old, women and lower income seniors are more likely to find lack of transportation a problem. Transportation is least likely to be an issue with married seniors (Data Tables, pg. 32).

Sixty percent of older adults report a public transportation system is available where they can walk to a bus stop (Table 7). Seven percent need to use public transportation when they want to go someplace, and for most, it meets all their transportation needs. Reasons it does not meet all transportation needs include the destination is outside the service area and the day/hour/timing of service (Data Tables, pg. 31).

Table 7. St. Louis Metro
Public Transportation

	Percent	Persons
Available	60%	189,931
Need to Use	7%	22,588
Doesn't meet my needs	1%	4,454

Transportation Service

	Percent	Persons
Available	70%	223,018
Use	11%	34,359
Doesn't meet my needs	2%	5,727

Over two-thirds of seniors are aware of the availability of a transportation service where you can call in advance and 11% report using such a service. It doesn't meet all the transportation needs for 2% of elders because of the day/hour/timing of the service (Data Tables, pg. 32).

Daily Check

Over 90% of seniors feel they do not need a daily check by someone to be sure they are okay. Three percent of older adults are receiving such a check and another 3% believe they need it but are not getting it (Table 8).

Table 8. St. Louis Metro
Daily Check

	Percent	Persons
Receive	3%	9,862
Unmet Need	3%	8,272

Health Care Coverage

For those age 65 and older, Medicare is the most common health care coverage. The youngest old are more likely to be covered by their own or someone else's employer (Data Table, pg. 33).

One percent of seniors, an estimated 2,860 persons, report having no health insurance, with the majority of them under age 65 (Data Table, pg. 33).

Inability to See a Doctor

Survey participants were asked if there was a time in the past 12 months when they needed to see a doctor but could not for various reasons. Inability to get an appointment, lack of transportation, and limited hours/days are the most often cited reasons for not being able to see a doctor when necessary (Figure 20).

Figure 19. St. Louis Metro
Health Care Coverage

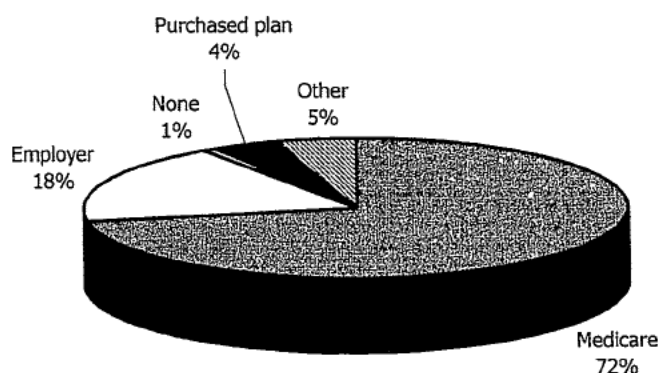
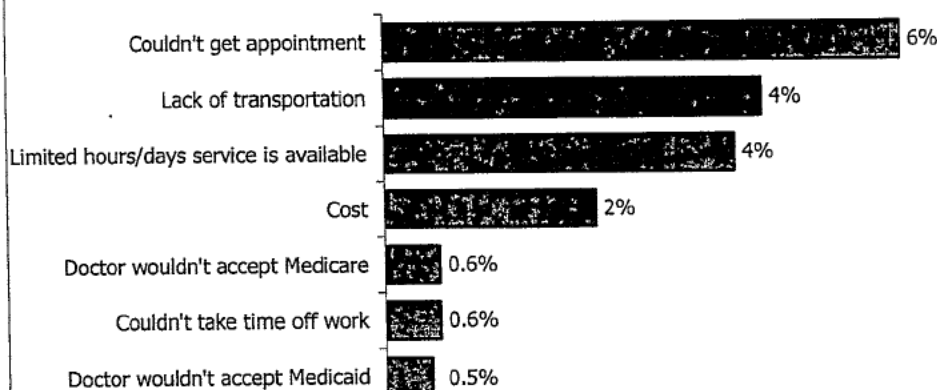


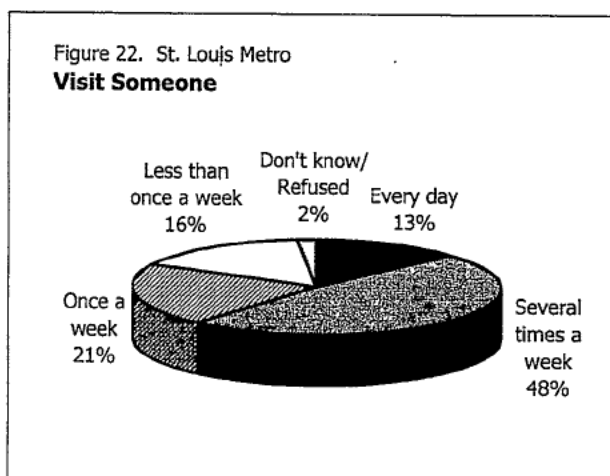
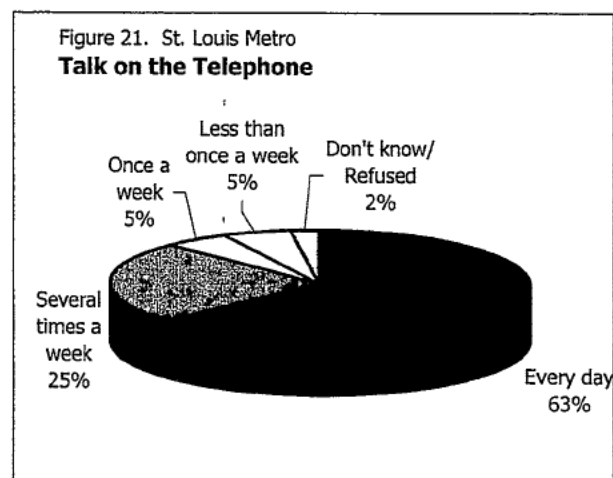
Figure 20. St. Louis Metro
Percent Who Needed to See a Doctor but Couldn't



Social Support

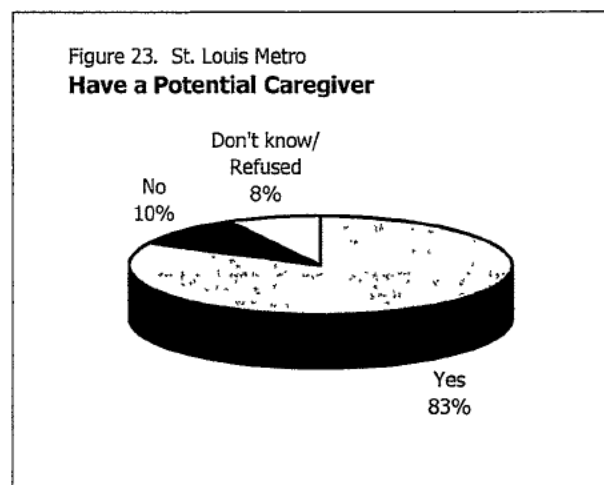
Social Activity

Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. The vast majority of seniors, 93%, talk on the telephone at least weekly (Figure 21). Face-to-face interactions occur less frequently but still a majority, 82%, manage to visit someone outside their home at least once a week (Figure 22).



Caregiving

Ten percent of older adults, an estimated 30,860 persons, report having no one who would care for them if they became sick or disabled (Figure 23). Understandably, older adults living by themselves are more likely than married seniors to feel they would not have a caregiver should they need one. Women, seniors with incomes under \$10,000, and those in poor health are also more likely to report not having a potential caregiver (Data Tables, pg. 34).

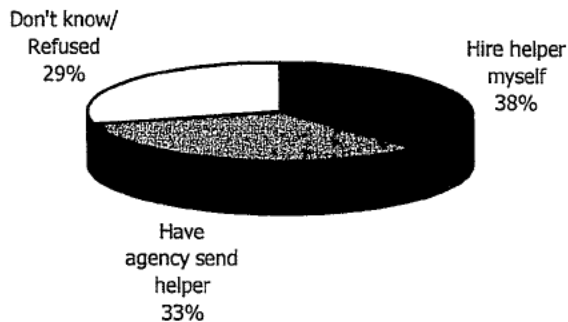


Traditionally, families have cared for older adults. Smaller family sizes, geographic mobility, increased number of women in the workforce and the increased longevity of older adults have been affecting the network of potential caregivers.¹ Family caregivers are an essential part of the health care economy. The estimated value of informal caregiving is an estimated \$196 billion.² With the shrinking number of potential caregivers, increases are likely in in-home care expenses as well as the institutionalization rate and subsequent nursing home care expenses.

For those who would have a caregiver, over two-thirds say the person would be able to care for them as long as needed. This person is most likely to be a child or spouse (Data Tables, pg. 34).

If seniors needed help at home, the percentages are similar for those preferring to hire someone themselves versus those wanting an in-home agency send someone (Figure 24).

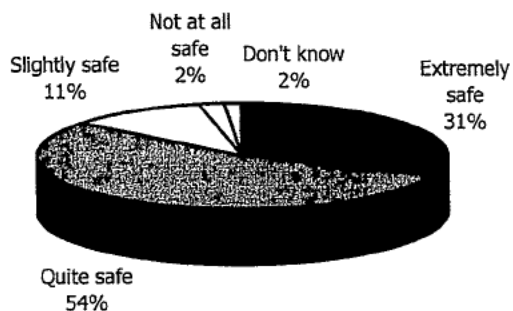
Figure 24. St. Louis Metro
Preference for In-Home Help



Housing & Neighborhood Safety

Around 85% of older adults own their home, 82% live in a house, and 95% have lived at their current residence for two or more years. Only two percent are considering moving in the next year or two where they can get more help (Data Tables, pg. 35). The majority of seniors consider their neighborhoods to be extremely or quite safe from crime (Figure 25).

Figure 25. St. Louis Metro
Neighborhood Safe from Crime



Discrimination

Most older adults have not been discriminated against in the past year because of their age (88%) or their race (93%). Of the seniors who have experienced racial or ethnic discrimination, less than 7% report it prevented them from receiving needed services (Data Tables, pg. 35). A total of 2.8% of respondents didn't know or refused to answer if they had experienced racial or ethnic discrimination.

Abuse & Neglect

Only 2% of seniors are aware of older adults in their community who have been abused or neglected (Data Tables, pg. 35). Over one-fourth are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

References

¹ Internet Information Note: Caregiving for the Elderly - National Aging Information Center; www.aoa.gov/naic/Notes/caregivingforelderly.html.

² Family Caregiver Alliance Fact Sheet: Selected Caregiver Statistics; www.caregiver.org/factsheets/caregiver_statsC.html.

Data Tables

Note: Population estimates are determined by applying the sample percentages to the age 60 and older population, excluding the age 65+, institutionalized population. Because the estimates are based on rounded sample percentages, they may not add to the total population.

Population of the Sample

St. Louis Metro	Percent
	100.0%
Age	
60-64	23.9%
65-69	19.8%
70-74	21.3%
75-79	17.2%
80-84	10.7%
85+	6.4%
Refused	0.6%
Sex	
Male	40.2%
Female	59.8%
Race	
White	85.2%
Black	13.8%
Asian, Pacific Islander	0.1%
Other	0.4%
Don't know/Refused	0.5%
Hispanic	
Yes	1.0%
No	98.2%
Don't know/Refused	0.8%
Marital Status	
Married	59.5%
Widowed	26.7%
Divorced	7.8%
Separated	1.0%
Never been married	4.2%
Member of an unmarried couple	0.3%
Refused	0.5%
Household Size	
One	30.0%
Two	58.1%
Three	7.9%
Four or more	3.5%
Refused	0.4%
Living Arrangement	
Live alone	30.0%
Live with spouse	50.1%
Live with spouse/others	8.8%
Live with others	10.8%
Don't know/Refused	0.3%

St. Louis Metro	Percent
	100.0%
Marital Status/ Living Arrangement	
Live alone	30.0%
Married, live with spouse	58.9%
Live with others	10.9%
Don't know/Refused	0.1%

Percent of Race by Age

St. Louis Metro	White	Other
ALL	85.2%	14.3%
Age		
60-64	76.8%	22.6%
65-74	86.0%	14.0%
75-84	89.2%	9.3%
85+	91.4%	8.6%
60-74	82.6%	17.2%
75+	89.7%	9.2%
Average Age	71.8	68.9

Percent of Marital Status/Living Arrangement by Age Groups, Sex and Race

St. Louis Metro	Live alone	Married	Live with others
ALL	30.0%	58.9%	10.9%
Age			
60-64	15.9%	74.8%	9.3%
65-74	29.9%	59.6%	10.2%
75-84	37.5%	49.9%	12.6%
85+	47.7%	36.8%	15.4%
60-74	24.8%	65.2%	9.8%
75+	39.4%	47.4%	13.1%
Average Age	73.8	69.9	72.8
Sex			
Male	18.4%	75.5%	6.0%
Female	37.8%	47.8%	14.2%
Race			
White	29.1%	61.4%	9.3%
Other	34.9%	45.2%	19.8%

Population of the Sample

St. Louis Metro	Percent
	100.0%
Education	
No school	0.3%
Grades 1 through 8	9.2%
Grades 9 through 11	11.2%
Grade 12 or GED	38.0%
College 1-3 years	22.9%
College degree or more	18.0%
Refused	0.4%
Employment Status	
Retired	72.8%
Employed for wages	14.2%
Homemaker	6.7%
Self-employed	2.0%
Unable to work	3.4%
Out of work	0.8%
Refused	0.1%
Household Income	
Less than \$10,000	8.3%
\$10,000-\$14,999	7.5%
\$15,000-\$19,999	11.9%
\$20,000-\$24,999	9.0%
\$25,000-\$34,999	9.5%
\$35,000-\$49,999	10.9%
\$50,000-\$74,999	7.4%
\$75,000 or more	5.0%
Don't know	10.6%
Refused	19.9%

Percent of Educational Attainment by Age Groups, Sex and Race

St. Louis Metro	Less than High School	High School	More than High School
ALL	20.7%	38.0%	40.9%
Age			
60-74	25.5%	36.3%	37.0%
75+	18.1%	38.9%	43.0%
Average Age	73.4	72.0	73.0
Sex			
Male	19.7%	32.7%	47.2%
Female	21.3%	41.6%	36.8%
Race			
White	18.7%	39.4%	41.5%
Other	32.9%	30.8%	36.3%

Percent of Household Income by Age Groups, Sex and Race

St. Louis Metro	Less than \$10,000	\$10,000-\$24,999	\$25,000+	Don't know/Refused
ALL	8.3%	28.4%	32.8%	30.5%
Age				
60-74	7.4%	24.4%	41.4%	26.8%
75+	10.3%	36.5%	16.8%	36.4%
Average Age	73.7	73.3	68.3	72.3
Sex				
Male	4.4%	28.9%	46.0%	20.6%
Female	10.9%	28.1%	23.7%	37.3%
Race				
White	7.3%	27.1%	35.0%	30.6%
Other	15.0%	37.3%	19.1%	28.6%
Living Arrangement				
Live alone	15.0%	39.6%	17.6%	27.8%
Married	3.8%	23.8%	44.3%	28.2%
Live with others	14.4%	23.0%	12.2%	50.4%

Data Tables

Health Status

St. Louis Metro	Percent	Persons
	100.0%	318,143
Self-rated health (Q1)		
Excellent	16.2%	51,539
Very Good	25.8%	82,081
Good	30.7%	97,670
Fair	18.9%	60,129
Poor	8.1%	25,770
Don't know/Refused	0.3%	954
Excellent, Very Good, Good	72.7%	231,290
Fair, Poor	27.0%	85,899
Limited in activities because of any impairment/health problem (Q94)		
Yes	29.5%	93,852
No	70.5%	224,291
Major impairment/health problem (Q95)		
Arthritis/Rheumatism	6.5%	20,679
Walking problem	4.9%	15,589
Heart problem	3.3%	10,499
Fractures, bone/joint injury	1.9%	6,045
Back/neck problem	1.8%	5,727
Eye/vision problem	1.7%	5,408
Lung/breathing problem	1.1%	3,500
Hearing problem	1.0%	3,181
Diabetes	1.0%	3,181
Stroke problem	0.8%	2,545
Other impairment/problem	5.0%	15,907
Have no impairment	70.5%	224,291
Don't know/Refused	0.4%	1,273
Have trouble learning, remembering, concentrating (Q96)		
Yes	12.3%	39,132
No	87.7%	279,011

Percent of Health Limitations by Selected Demographics

St. Louis Metro	Limited	Not Limited
ALL	29.5%	70.5%
Age		
60-74	26.0%	74.0%
75+	36.6%	63.4%
Average Age	72.9	71.1
Sex		
Male	29.2%	70.8%
Female	29.8%	70.2%
Race		
White	29.1%	70.9%
Other	30.3%	69.7%
Living Arrangement		
Live alone	34.8%	62.5%
Married	23.6%	76.4%
Live with others	47.0%	53.0%
Education		
< High School	35.8%	64.2%
High School	28.9%	71.1%
> High School	26.9%	73.1%
Income		
< \$10,000	40.1%	59.9%
\$10-\$24,999	32.2%	67.8%
\$25,000+	24.3%	75.7%
Don't know/Refused	29.7%	70.3%
Self-Rated Health		
Excellent	6.0%	94.0%
Very Good	13.7%	86.0%
Good	28.8%	71.2%
Fair	44.2%	55.8%
Poor	95.1%	4.9%

Health Status

St. Louis Metro	Percent	Persons	St. Louis Metro	Percent	Persons
	100.0%	318,143		100.0%	318,143
Days of poor physical health (Q2)			Days felt sad, blue or depressed (Q98)		
None	70.2%	223,336	None	73.3%	233,199
1-7 days/1 week	10.7%	34,041	1-7 days/1 week	13.8%	43,904
8-14 days/2 weeks	2.3%	7,317	8-14 days/2 weeks	3.5%	11,135
15-21 days/3 weeks	3.7%	11,771	15-21 days/3 weeks	3.1%	9,862
22-29 days/4 weeks	0.6%	1,909	22-29 days/4 weeks	0.7%	2,227
30 days/All month	10.4%	33,087	30 days/All month	2.7%	8,590
Don't know/Refused	2.2%	6,999	Don't know/Refused	2.9%	9,226
Days of poor mental health (Q3)			Days felt worried, tense or anxious (Q99)		
None	83.0%	264,059	None	69.0%	219,519
1-7 days/1 week	6.6%	20,997	1-7 days/1 week	19.5%	62,038
8-14 days/2 weeks	2.0%	6,363	8-14 days/2 weeks	4.2%	13,362
15-21 days/3 weeks	1.6%	5,090	15-21 days/3 weeks	3.0%	9,544
22-29 days/4 weeks	0.9%	2,863	22-29 days/4 weeks	0.9%	2,863
30 days/All month	4.1%	13,044	30 days/All month	7.9%	25,133
Don't know/Refused	1.9%	6,045	Don't know/Refused	3.0%	9,544
Days poor physical/mental health limited activities (Q4)			Days did not get enough rest or sleep (Q100)		
None	85.7%	272,649	None	61.4%	195,340
1-7 days/1 week	5.5%	17,498	1-7 days/1 week	19.5%	62,038
8-14 days/2 weeks	1.1%	3,500	8-14 days/2 weeks	4.2%	13,362
15-21 days/3 weeks	2.1%	6,681	15-21 days/3 weeks	3.0%	9,544
22-29 days/4 weeks	0.3%	954	22-29 days/4 weeks	0.9%	2,863
30 days/All month	4.1%	13,044	30 days/All month	7.9%	25,133
Don't know/Refused	1.1%	3,500	Don't know/Refused	3.0%	9,544
Days where pain made it hard to do activities (Q97)			Days felt very healthy & full of energy (Q101)		
None	77.5%	246,561	None	13.9%	44,222
1-7 days/1 week	8.8%	27,997	1-7 days/1 week	7.2%	22,906
8-14 days/2 weeks	1.5%	4,772	8-14 days/2 weeks	4.0%	12,726
15-21 days/3 weeks	3.2%	10,181	15-21 days/3 weeks	11.0%	34,996
22-29 days/4 weeks	0.8%	2,545	22-29 days/4 weeks	14.9%	47,403
30 days/All month	5.7%	18,134	30 days/All month	45.0%	143,164
Don't know/Refused	2.5%	7,954	Don't know/Refused	4.0%	12,726

Data Tables

Health Status

<i>St. Louis Metro</i>	Percent	Persons
	100.0%	318,143
Participate in physical activities/exercise (Q123)		
Yes	65.6%	208,702
No	33.7%	107,214
Don't know/Refused	0.8%	2,545
Type of physical activity/exercise (Q124)		
Walking	39.4%	125,348
Gardening	7.7%	24,497
Home/Health Club exercise	3.3%	10,499
Golf	2.9%	9,226
Dance-Aerobics	2.0%	6,363
Mowing lawn	1.4%	4,454
Bowling	1.2%	3,818
Other	7.6%	24,179
None	34.4%	109,441
Distance usually walk/run (Q125)		
Do not walk/run/jog	59.6%	189,613
Less than 1 mile	11.8%	37,541
1 mile	9.5%	30,224
1.1-1.5 miles	4.1%	13,044
1.6-2.0 miles	7.2%	22,906
2.1-3.0 miles	2.9%	9,226
3.1-6.0 miles	1.7%	5,408
Don't know/Refused	3.2%	10,181
Frequency of physical activity/exercise (Q126)		
Do not participate	34.4%	109,441
Every day	13.2%	41,995
1-3 times a week	33.8%	107,532
4-6 times a week	14.7%	46,767
1-4 times a month	2.6%	8,272
Don't know/Refused	1.3%	4,136

<i>St. Louis Metro</i>	Percent	Persons
	100.0%	318,143
Duration of physical activity (Q127)		
Do not participate	34.4%	109,441
20 minutes or less	13.0%	41,359
21-30 minutes	15.6%	49,630
31-60 minutes	19.4%	61,720
1-2 hours	6.3%	20,043
More than 2 hours	7.2%	22,906
Don't know/Refused	4.0%	12,726
Flu shot in past year (Q91)		
Yes	61.2%	194,704
No	38.4%	122,167
Don't know/Refused	0.3%	954
Where received flu shot (Q92)		
A doctor's office or HMO	37.7%	119,940
Another type of clinic	4.0%	12,726
A store	5.3%	16,862
Senior, rec/community center	3.4%	10,817
Hospital/emergency room	3.3%	10,499
A health department	1.3%	4,136
Workplace	1.1%	3,500
Other	5.1%	16,225
Did not get a flu shot	38.7%	123,121
Had pneumonia vaccination (Q93)		
Yes	52.5%	167,025
No	44.6%	141,892
Don't know/Refused	2.9%	9,226

Functional Status: Activities of Daily Living

(Q5-Q33, Q46-Q49)	<i>EATING</i>		<i>BATHING</i>		<i>DRESSING/ GROOMING</i>		<i>TOILETING</i>	
<i>St. Louis Metro</i>	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	318,143	100.0%	318,143	100.0%	318,143	100.0%	318,143
Need help to do								
Without help	99.7%	317,189	96.9%	308,281	97.3%	309,553	95.6%	304,145
With help	0.3%	954	3.1%	9,862	2.7%	8,590	1.4%	4,454
Who helps								
No one	0.0%	0	0.0%	0	0.4%	1,273	0.5%	1,591
Professional	0.3%	954	1.4%	4,454	0.1%	318	0.0%	0
Spouse	0.0%	0	0.4%	1,273	0.9%	2,863	0.3%	954
Other family member	0.0%	0	1.0%	3,181	0.7%	2,227	0.4%	1,273
Non-relative	0.0%	0	0.3%	954	0.6%	1,909	0.3%	954
Other	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Do not need help	99.7%	317,189	96.9%	308,281	97.3%	309,553	95.6%	304,145
Enough help								
All/Most of the time	0.3%	954	2.8%	8,908	1.7%	5,408	0.8%	2,545
Some of the time/Seldom	0.0%	0	0.3%	954	0.6%	1,909	0.1%	318
Never	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Have no help	0.0%	0	0.0%	0	0.4%	1,273	0.5%	1,591
Do not need help	99.7%	317,189	96.9%	308,281	97.3%	309,553	95.6%	304,145

	<i>GETTING IN/OUT OF BED</i>		<i>WALKING</i>		<i>GETTING AROUND HOUSE</i>		<i>GETTING OUTDOORS</i>	
<i>St. Louis Metro</i>	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	318,143	100.0%	318,143	100.0%	318,143	100.0%	318,143
Need help to do								
Without help	98.2%	312,416	87.9%	279,648	97.5%	310,189	95.2%	302,872
With help	1.8%	5,727	12.1%	38,495	2.5%	7,954	4.8%	15,271
Who helps								
No one	0.0%	0	3.0%	9,544	0.2%	636	0.1%	318
Professional	0.1%	318	0.3%	954	0.1%	318	0.4%	1,273
Spouse	0.6%	1,909	1.1%	3,500	0.6%	1,909	1.4%	4,454
Other family member	0.5%	1,591	1.2%	3,818	1.0%	3,181	2.1%	6,681
Non-relative	0.3%	954	0.1%	318	0.0%	0	0.1%	318
Other	0.1%	318	6.4%	20,361	0.6%	1,909	0.4%	1,273
Don't know/Refused	0.0%	0	0.0%	0	0.0%	0	0.3%	954
Do not need help	98.2%	312,416	87.9%	279,648	97.5%	310,189	95.2%	302,872
Enough help								
All/Most of the time	1.5%	4,772	8.1%	25,770	2.3%	7,317	3.9%	12,408
Some of the time/Seldom	0.3%	954	1.0%	3,181	0.0%	0	0.6%	1,909
Never	0.0%	0	0.0%	0	0.0%	0	0.2%	636
Have no help	0.0%	0	3.0%	9,544	0.2%	636	0.1%	318
Do not need help	98.2%	312,416	87.9%	279,648	97.5%	310,189	95.2%	302,872

Data Tables

Functional Status: Instrumental Activities of Daily Living (IADLs)

(Q34-Q45, Q50-Q65)	NORMAL HOUSEWORK		HEAVY CLEANING		USING THE TELEPHONE		SHOPPING	
St. Louis Metro	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	318,143	100.0%	318,143	100.0%	318,143	100.0%	318,143
Need help to do								
Without help	91.7%	291,737	69.3%	220,473	98.8%	314,325	88.7%	282,193
With help	8.3%	26,406	30.7%	97,670	1.2%	3,818	11.3%	35,950
Who helps								
No one	0.8%	2,545	2.9%	9,226	0.0%	0	0.0%	0
Professional	1.8%	5,727	4.7%	14,953	0.0%	0	0.3%	954
Spouse	2.0%	6,363	5.8%	18,452	0.3%	954	4.1%	13,044
Other family member	2.5%	7,954	8.8%	27,997	0.9%	2,863	5.8%	18,452
Non-relative	1.0%	3,181	5.7%	18,134	0.0%	0	0.7%	2,227
Other	0.1%	318	2.8%	8,908	0.0%	0	0.1%	318
Don't know/Refused	0.1%	318	2.8%	8,908	0.0%	0	0.3%	954
Do not need help	91.7%	291,737	69.3%	220,473	98.8%	314,325	88.7%	282,193
Enough help								
All/Most of the time	6.2%	19,725	23.7%	75,400	1.1%	3,500	9.5%	30,224
Some of the time/Seldom	1.2%	3,818	3.4%	10,817	0.1%	318	1.8%	5,727
Never	0.0%	0	0.6%	1,909	0.0%	0	0.0%	0
Have no help	0.8%	2,545	2.9%	9,226	0.0%	0	0.0%	0
Do not need help	91.7%	291,737	69.3%	220,473	98.8%	314,325	88.7%	282,193

	PREPARING MEALS		TAKING MEDICATIONS		MANAGING MONEY	
St. Louis Metro	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	318,143	100.0%	318,143	100.0%	318,143
Need help to do						
Without help	93.4%	297,146	96.5%	307,008	94.9%	301,918
With help	6.6%	20,997	3.5%	11,135	5.1%	16,225
Who helps						
No one	0.1%	318	0.0%	0	0.0%	0
Professional	0.4%	1,273	0.0%	0	0.1%	318
Spouse	3.1%	9,862	0.0%	0	1.1%	3,500
Other family member	2.2%	6,999	0.1%	318	3.6%	11,453
Non-relative	0.5%	1,591	0.0%	0	0.5%	1,591
Other	0.3%	954	0.0%	0	0.0%	0
Do not need help	93.4%	297,146	96.5%	307,008	94.9%	301,918
Not asked	NA	NA	3.3%	10,499	NA	NA
Enough help						
All/Most of the time	5.5%	17,498	0.1%	318	4.6%	14,635
Some of the time/Seldom	0.9%	2,863	0.0%	0	0.5%	1,591
Never	0.1%	318	0.0%	0	0.0%	0
Have no help	0.1%	318	0.0%	0	0.0%	0
Do not need help	93.4%	297,146	96.5%	307,008	94.9%	301,918
Not asked	NA	NA	3.3%	10,499	NA	NA

Service Awareness and Use

St. Louis Metro	Percent	Persons
	100.0%	318,143
Talk to about getting help with personal care (Q66)		
Spouse	18.8%	59,811
Child/Family	28.7%	91,307
Physician	15.4%	48,994
Social service agency	5.6%	17,816
Other relative	2.7%	8,590
Friend/Neighbor	2.4%	7,635
Clergy/Minister/Priest/Rabbi	1.1%	3,500
Other	5.5%	17,498
No one else, decide by myself	1.8%	5,727
Does not need assistance	0.9%	2,863
Don't know/Refused	17.1%	54,402
Talk to about getting help with day-to-day activities (Q67)		
Spouse	19.9%	63,310
Child/Family	36.6%	116,440
Social service agency	4.7%	14,953
Physician	6.4%	20,361
Other Relative	4.1%	13,044
Friend/Neighbor	2.6%	8,272
Clergy/Minister/Priest/Rabbi	1.5%	4,772
Other	6.2%	19,725
No one else, decide by myself	2.2%	6,999
Does not need assistance	1.7%	5,408
Don't know/Refused	14.1%	44,858
Agency would contact about aging services in community (Q88)		
MO Division of Senior Services	14.4%	45,813
Local Senior Center	8.3%	26,406
Area Agency on Aging	6.5%	20,679
MO Div of Family Services	3.6%	11,453
MO Dept of Health	1.7%	5,408
Other	14.6%	46,449
Don't know	50.9%	161,935
Aware of toll-free number for information and referral (Q89)		
Yes	25.3%	80,490
No	73.4%	233,517
Don't know	1.3%	4,136

St. Louis Metro	Percent	Persons
	100.0%	318,143
Home-delivered meals available in community (Q68)		
Yes	71.0%	225,882
No	3.1%	9,862
Don't know/Refused	25.9%	82,399
Need/Receiving home-delivered meals (Q69-Q70)		
Need it & am not receiving it	2.0%	6,363
Need it & am receiving it	2.1%	6,681
Not need it but am receiving	5.2%	16,543
Do not need this service	90.7%	288,556
Why not receiving home-delivered meals (Q71)		
Service doesn't meet needs	0.8%	2,545
Cannot afford	0.4%	1,273
Don't know	0.2%	636
Am receiving service	7.3%	23,224
Do not need service	90.7%	288,556
Provide with enough meals (Q72)		
Yes	1.9%	6,045
No	0.1%	318
Not receiving service	97.9%	311,462
Concerned about having enough food (Q142)		
Yes	1.3%	4,136
No	97.4%	309,871
Don't know/Refused	1.3%	4,136

Data Tables

Service Awareness and Use

Percent Aware of, Receiving & Needing Home-Delivered Meals by Selected Demographics

<i>St. Louis Metro</i>	Aware	Receiving	Unmet Need
All	71.0%	7.3%	2.2%
Age			
60-74	70.0%	6.9%	1.9%
75+	73.7%	7.7%	2.8%
Average Age	71.7	72.1	75.3
Sex			
Male	66.9%	6.2%	3.1%
Female	73.7%	8.0%	1.6%
Race			
White	73.0%	7.4%	1.7%
Other	59.8%	5.1%	5.5%
Income			
< \$10,000	70.7%	9.7%	8.7%
\$10-\$24,999	73.8%	8.3%	1.4%
\$25,000+	70.3%	3.4%	0.6%
Don't know/Refused	69.2%	9.8%	2.7%
Living Arrangement			
Live alone	68.7%	10.4%	3.9%
Married	71.3%	4.7%	1.1%
Live with others	76.7%	11.1%	3.4%

Percent Aware Of & Go To Senior Center by Selected Demographics

<i>St. Louis Metro</i>	Aware	Go To
ALL	63.1%	9.3%
Age		
60-74	60.0%	4.1%
75+	69.6%	19.0%
Average Age	72.1	77.7
Sex		
Male	61.8%	11.0%
Female	64.0%	8.2%
Race		
White	65.7%	9.2%
Other	49.6%	10.6%
Income		
< \$10,000	68.0%	14.2%
\$10-\$24,999	69.8%	12.9%
\$25,000+	64.9%	7.2%
Don't know/Refused	53.7%	6.9%
Living Arrangement		
Live alone	60.9%	12.1%
Married	64.5%	8.0%
Live with others	62.7%	9.3%

<i>St. Louis Metro</i>	Percent	Persons
	100.0%	318,143
Senior center in community (Q73)		
Yes	63.1%	200,748
No	8.7%	27,678
Don't know/Refused	28.2%	89,716
Go to a Senior Center (Q74)		
Yes	9.3%	29,587
No	90.7%	288,556
Why not go to a Senior Center (Q75)		
Not available	36.9%	117,395
Don't need services offered	24.6%	78,263
Not interested in services	11.6%	36,905
Not convenient	4.4%	13,998
No transportation	1.2%	3,818
Not old enough to go	1.2%	3,818
Services I need not offered	0.4%	1,273
Don't feel welcome/belong	0.3%	954
Other	8.5%	27,042
Don't know	1.4%	4,454
I go to a Senior Center	9.3%	29,587

Service Awareness and Use

St. Louis Metro	Percent	Persons	St. Louis Metro	Percent	Persons	
	100.0%	318,143		100.0%	318,143	
Assistance filling out forms available in community (Q76)			How often lack of transportation a problem (Q80)			
Yes	48.8%	155,254	Always	3.9%	12,408	
No	7.5%	23,861	Nearly always	0.9%	2,863	
Don't know/Refused	43.7%	139,028	Sometimes	4.8%	15,271	
Need/Receiving assistance with forms (Q77-Q78)			Seldom	4.7%	14,953	
Need it & am not receiving it	0.6%	1,909	Never	85.6%	272,330	
Need it & am receiving it	3.6%	11,453	Don't know/Refused	0.1%	318	
Not need it but am receiving	3.7%	11,771	How often need to use public transportation (Q81)			
Do not need this service	40.9%	130,120	Always	2.2%	6,999	
Not asked	51.2%	162,889	Nearly always	1.4%	4,454	
Why not receiving assistance with forms (Q79)			Sometimes	3.5%	11,135	
Service doesn't meet needs	0.3%	954	Seldom	7.6%	24,179	
Other	0.3%	954	Never	85.3%	271,376	
Receiving assistance with forms	7.3%	23,224	Public transportation system available (Q82)			
Don't need service	40.9%	130,120	Yes	59.7%	189,931	
Not asked	51.2%	162,889	No	36.1%	114,850	
			Don't know	4.2%	13,362	
Percent Receiving & Needing Assistance Filling Out Forms by Selected Demographics			Public transportation meet all transportation needs (Q83)			
St. Louis Metro	Available	Receiving	Unmet Need			
ALL	48.8%	15.0%	1.2%	Yes	10.8%	34,359
Age				No	1.4%	4,454
60-74	51.2%	13.4%	1.8%	Don't use public transportation	87.6%	278,693
75+	44.8%	18.6%	0.0%	Don't know/Refused	0.1%	318
Average Age	71.0	73.1	70.5	Why public transportation doesn't meet all needs (Q84)		
Sex				Destination is outside service area	0.6%	1,909
Male	52.6%	10.5%	0.4%	Day/hour/timing of service	0.3%	954
Female	46.3%	18.4%	1.9%	Other	0.5%	1,591
				Use public trans/meets needs	10.8%	34,359
				Don't use public transportation	87.6%	278,693

Note: Percentages for **Receiving & Unmet Need** are based on those who were asked the question.

Data Tables

Service Awareness and Use

<i>St. Louis Metro</i>	Percent	Persons
	100.0%	318,143
Transportation service available where can call in advance (Q85)		
Yes	70.1%	223,018
No	7.6%	24,179
Don't know	22.3%	70,946
Transportation service meet all transportation needs (Q86)		
Yes	8.7%	27,678
No	1.8%	5,727
Don't use a service	89.2%	283,784
Don't know	0.3%	954
Why transportation service doesn't meet all needs (Q87)		
Day/hour/timing of service	0.8%	2,545
Not disability-accessible	0.1%	318
Destination outside service area	0.1%	318
Other	0.7%	2,227
Use service & meets my needs	8.7%	27,678
Don't use service	89.2%	283,784
Don't know	0.3%	954
Need a daily check by someone (Q138-Q139)		
Need it & am not receiving it	2.6%	8,272
Need it & am receiving it	3.1%	9,862
Do not need this service	92.7%	294,919
Don't know/Refused	1.6%	5,090

Percent For Whom Lack of Transportation is a Problem Always, Nearly Always or Sometimes by Selected Demographics

<i>St. Louis Metro</i>	Lack of transportation is a problem
ALL	9.6%
Age	
60-74	6.3%
75+	16.0%
Average Age	75.8
Sex	
Male	6.4%
Female	11.7%
Race	
White	9.0%
Other	11.3%
Income	
< \$10,000	20.1%
\$10-\$24,999	12.4%
\$25,000+	2.9%
Don't know/Refused	11.2%
Living Arrangement	
Live alone	15.0%
Married	4.9%
Live with others	20.1%

Percent Receiving & Needing a Daily Check by Selected Demographics

<i>St. Louis Metro</i>	Receive	Unmet Need
ALL	4.4%	0.2%
Age		
60-74	3.5%	0.0%
75+	5.8%	0.6%
Average Age	73.9	79.0
Sex		
Male	6.5%	0.0%
Female	3.0%	0.4%
Race		
White	4.4%	0.2%
Other	5.4%	0.0%
Income		
< \$10,000	10.3%	0.0%
\$10-\$24,999	2.8%	0.0%
\$25,000+	5.0%	1.0%
Don't know/Refused	3.5%	0.0%
Living Arrangement		
Live alone	7.3%	5.8%
Married	0.8%	0.8%
Live with others	3.6%	3.7%

Data Tables

Health Care

<i>St. Louis Metro</i>	Percent	Persons	<i>St. Louis Metro</i>	Percent	Persons
	100.0%	318,143		100.0%	318,143
Health coverage use to pay for most of medical care (Q117-120)			Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicaid (Q122c)		
Medicare	72.3%	230,017	Yes	0.5%	1,591
Through your employer	11.4%	36,268	No	97.5%	310,189
Through someone else's employer	6.8%	21,634	Don't know/Refused	2.0%	6,363
A plan that you buy on your own	4.0%	12,726	Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicare (Q122d)		
Some other source	1.6%	5,090	Yes	0.6%	1,909
Military, CHAMPUS, TriCare	1.0%	3,181	No	98.5%	313,371
Medicaid or Medical Assistance	0.9%	2,863	Don't know/Refused	0.9%	2,863
None	0.9%	2,863	Time during the last 12 months when needed to see a doctor but could not because of limited hours/days service is available (Q122e)		
Time during the last 12 months when needed to see a doctor but could not because of the cost (Q121)			Yes	3.8%	12,089
Yes	2.3%	7,317	No	95.2%	302,872
No	97.4%	309,871	Don't know/Refused	1.0%	3,181
Don't know/Refused	0.3%	954	Time during the last 12 months when needed to see a doctor but could not take time off work (Q122f)		
Time during the last 12 months when needed to see a doctor but could not because of the lack of transportation (Q122a)			Yes	0.6%	1,909
Yes	4.1%	13,044	No	98.5%	313,371
No	95.4%	303,508	Don't know/Refused	0.9%	2,863
Don't know/Refused	0.5%	1,591	Time during the last 12 months when needed to see a doctor but could not because could not get an appointment (Q122b)		
Time during the last 12 months when needed to see a doctor but could not because could not get an appointment (Q122b)			Yes	5.6%	17,816
Yes	5.6%	17,816	No	93.7%	298,100
No	93.7%	298,100	Don't know/Refused	0.6%	1,909
Don't know/Refused	0.6%	1,909	Time during the last 12 months when needed to see a doctor but could not because of other reasons (Q122g)		
			Yes	1.9%	6,045
			No	97.2%	309,235
			Don't know/Refused	0.9%	2,863

Health Care Coverage by Age Groups, Race and Income

<i>St. Louis Metro</i>	Medicare	Through Employer	Other	Have no coverage
ALL	72.3%	18.1%	7.4%	0.9%
Age				
60-74	61.2%	27.3%	9.0%	1.2%
75+	92.8%	1.1%	4.6%	0.4%
Race				
White	74.0%	17.0%	7.1%	0.6%
Other	62.4%	25.3%	9.0%	2.4%
Income				
< \$10,000	74.6%	2.2%	8.9%	9.9%
\$10,000+	71.8%	20.1%	8.8%	0.1%
Don't know/Refused	74.8%	18.6%	4.2%	0.0%

Data Tables

Social Support

<i>St. Louis Metro</i>	Percent	Persons
	100.0%	318,143
Talk on the telephone (Q132)		
Every day	62.9%	200,112
Several times a week	24.5%	77,945
Once a week	5.2%	16,543
Less than once a week	3.1%	9,862
Almost never	2.2%	6,999
Don't know/Refused	2.2%	6,999
Visit someone who does not live with you (Q133)		
Every day	12.7%	40,404
Several times a week	48.3%	153,663
Once a week	21.4%	68,083
Less than once a week	9.5%	30,224
Almost never	6.5%	20,679
Don't know/Refused	1.6%	5,090
Number of close friends who would help with emotional problems (Q134)		
None	8.3%	26,406
One	3.9%	12,408
Two	13.5%	42,949
Three or more	63.0%	200,430
Don't know/Refused	11.4%	36,268
Someone who would care for you (Q135)		
Yes	82.6%	262,786
No	9.7%	30,860
Don't know/Refused	7.7%	24,497
Length of time could provide care (Q136)		
No one to care for me	9.7%	30,860
As long as needed	58.1%	184,841
Only for a short time	12.4%	39,450
Only now and again	2.3%	7,317
Don't know/Refused	17.4%	55,357
Relationship to caregiver (Q137)		
No one to care for me	9.7%	30,860
Spouse	29.2%	92,898
Child	32.1%	102,124
Grandchild	0.3%	954
Other relative	6.4%	20,361
Friend/Neighbor	3.1%	9,862
Other	1.6%	5,090
Don't know/Refused	0.1%	318

<i>St. Louis Metro</i>	Percent	Persons
	100.0%	318,143
Other(s) in household limited by impairment/health problem (Q140)		
Yes	13.0%	41,359
No	55.6%	176,888
No others in household	30.0%	95,443
Refused	1.3%	4,136
Caregiver for another person (Q141)		
Yes	7.2%	22,906
No	61.5%	195,658
No others in household	30.0%	95,443
Refused	1.3%	4,136
Preference if needed help at home (Q143)		
In-home service agency	33.1%	105,305
Find and hire by oneself	37.7%	119,940
Don't know/Refused	29.2%	92,898

Percent with No Possible Caregiver

<i>St. Louis Metro</i>	No Caregiver
ALL	9.7%
Age	
60-74	10.4%
75+	8.8%
Sex	
Male	6.2%
Female	12.2%
Race	
White	10.0%
Other	9.2%
Income	
Less than \$10,000	27.5%
\$10,000+	6.9%
Fair or Poor Health	
Yes	19.0%
No	6.4%
Functionally Limited	
Yes	18.9%
No	5.0%
Living Arrangement	
Live alone	18.3%
Married	4.6%
Live with others	14.1%

Social Support

St. Louis Metro	Percent	Persons
	100.0%	318,143
Own or rent (Q129)		
Own	85.2%	271,058
Rent	12.4%	39,450
Other	1.1%	3,500
Don't know/Refused	1.3%	4,136
Type of housing (Q130)		
House	81.6%	259,605
Apartment	7.6%	24,179
Mobile home	0.9%	2,863
Condo	4.8%	15,271
Duplex	1.1%	3,500
Retirement home	1.5%	4,772
Other	1.6%	5,090
Refused	0.9%	2,863
Time lived at current residence (Q131)		
1-5 months	0.8%	2,545
6-11 months	2.0%	6,363
12-23 months	1.8%	5,727
2 or more years	94.5%	300,645
Refused	0.9%	2,863
Considering moving to a place where can get more help (Q144)		
Within the next six months	1.2%	3,818
Within one year	0.0%	0
In one or two years	0.7%	2,227
Sometime in the future	9.2%	29,269
Not considering moving	85.5%	272,012
Don't know/Refused	3.4%	10,817
Neighborhood safe from crime (Q128)		
Extremely safe	31.4%	99,897
Quite safe	54.4%	173,070
Slightly safe	10.8%	34,359
Not at all safe	1.9%	6,045
Don't know/Refused	1.5%	4,772

St. Louis Metro	Percent	Persons
	100.0%	318,143
Discriminated against because of age (Q145)		
Most of the time	0.4%	1,273
Some of the time	0.8%	2,545
Seldom	6.7%	21,316
Never	88.3%	280,920
Don't know/Refused	3.8%	12,089
Discriminated against because of race (Q146)		
Most of the time	1.0%	3,181
Some of the time	1.3%	4,136
Seldom	2.3%	7,317
Never	92.6%	294,600
Don't know/Refused	2.8%	8,908
Racial or ethnic discrimination prevented receipt of needed services (Q147)		
Yes	0.3%	954
No	3.9%	12,408
Don't know/Refused	0.4%	1,273
No discrimination	95.4%	303,508
Know of elder abuse/neglect in community (Q148)		
Yes	2.3%	7,317
No	95.7%	304,463
Don't know/Refused	2.0%	6,363
Kind of abuse/neglect (Q149) (More than one response accepted)		
Physical	0.5%	1,591
Emotional	1.8%	5,727
Financial	0.4%	1,273
Do not know of any abuse	97.7%	310,826
Aware of abuse/neglect hotline (Q90)		
Yes	28.5%	90,671
No	70.3%	223,655
Don't know/Refused	1.2%	3,818

Contacts

Missouri Information & Referral Network

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**2000 Missouri Older Adult Needs Assessment
St. Louis City**

**Missouri Area Agencies on Aging
Missouri Department of Health and Senior Services**

March 2003

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Population

- As the “baby boom” generation begins to gray, the older population is expected to double in the United States over the next 30 years.
- Missouri’s age 65 and older population has increased 5% from 1990 to 2000; the 85+ age group increased 21%. While the state has seen an overall increase in the older population, St. Louis City has experienced a decrease of 27.5% in the age 65 and over population, and a 13% drop in the 85+ age group.
- The age of seniors surveyed ranges in years from 60 to 97, with an average of 72 years. Women account for two-thirds of seniors surveyed.
- Marital status and living arrangement are closely linked to an older adult’s income, health status and the availability of caregivers. Marital status and living arrangement vary considerably among age, sex and race. As age increases, the number of seniors living alone significantly increases. Men are more likely than women to be married at every age level. Seniors of a minority race are more likely than white seniors to be living with others.
- Household income decreases as age increases. Women are more likely than men to report lower incomes, a function of a woman’s lifelong economic dependency on her spouse and her greater likelihood of widowhood.

Health Status

- Self-rated health is a simple but informative summary measure of health. Almost 55% of seniors assess their health as good, very good or excellent while 45% rate their health as fair or poor. As age increases, negative health evaluations increase.

- Self-rated health differs by socioeconomic indicators. The more education received, and the higher reported income, the better the health rating.
- Half of seniors report that an impairment or health problem limits their activities.

Functional Status

- Functional limitation and whether a person receives assistance serve as key indicators of an older person’s ability to live independently and remain in the community. Over half, 52%, need help in performing one or more everyday activities. As age increases, functional limitations increase. Women are more likely to need assistance.
- The majority of seniors are receiving the necessary help with their everyday activities, most often aided by family members. Yet, 23% are not getting the help or who need more help. Walking and bathing are the activities of daily living (ADL) for which assistance is most often not received. Heavy cleaning and shopping are the most likely instrumental activities of daily living (IADL) for which there is an unmet need.

Service Awareness and Use

- Most seniors will talk with their families when they need someone to help with their personal care or day-to-day activities. There is a substantial number of elders though who do not know who they would speak with when they need help.
- Twenty-two percent of older adults would contact the Division of Senior Services to find out about aging services in their community; 47% do not know which agency to contact. Around one-fourth of seniors are aware of the information and referral toll-free number operated by the Division of Senior Services (1-800-235-5503).

Highlights

- Two-thirds of seniors are aware of home-delivered meals; around 1,313 adults are receiving either home delivered meals or meals on wheels. 2,513 elders feel they need meals but are not having them delivered, or feel the service they are getting does not provide them with enough meals.
- Half of older adults know of a senior center in their community where they can go to eat meals and participate in activities. Eight percent report visiting a center in their community.
- Assistance filling out Medicare, insurance or other forms is thought to be available in the community by half of seniors. Around one-fourth of older adults receive this help; another 4% could use help.
- Lack of transportation is a problem for almost 18% of older adults. The problem becomes greater as adults get older.
- One-fourth of seniors need to use a public transportation system, and for the majority using public transportation, it meets all their needs.
- Almost three-fourths are aware of a transportation service where you can call in advance. Thirteen percent of seniors report using this service, and for the majority using public transportation, it meets all their transportation needs.
- The majority of elders, 87%, do not need a daily check by someone to be sure they are okay. Twelve percent of older adults receive such a check; less than one percent feel someone should check on them but no one is doing so.
- Cost, limited service times, and not being able to get an appointment are the most often cited reasons for not being able to see a doctor when necessary.

Social Support

- Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. Most seniors, 85%, talk on the telephone at least weekly. Face-to-face interactions occur less frequently but still 64% manage to visit someone outside their home at least once a week.
- Thirty percent of older adults, or an estimated 17,300 persons, have no one who would care for them if they became sick or disabled. For those who have a potential caregiver, it is most likely to be their child.
- Around 72% of older adults own their home, 64% live in a house and almost 90% have lived at their current residence for two years or more. Over half, 56%, consider their neighborhoods to be extremely or quite safe from crime.
- Most older adults have never been discriminated against in the past year because of their age (79%) or their race (88%).
- Only three percent of seniors are aware of older adults in their community who have been abused or neglected. Almost one-third are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

Health Care

- Medicare is the most common health care coverage for those age 65 and older. The youngest old, ages 60 to 64, are most likely to be covered by an employer or through another source. Five percent, or an estimated 2,620 seniors, report having no health insurance.

Since 1900 the percentage of Americans age 65 and older has more than tripled. The older population will continue to grow significantly and is expected to double over the next 30 years as the "baby boom" generation begins to "gray".¹ The fastest growing segment of the older population is the group 85 years old and older.

Missouri's age 65 and older population has increased 5% from 1990 to 2000. Consistent with the nation, Missouri's 85+ age population has had the greatest rate of growth among age cohorts in the state, increasing 21% over the ten years.² While the state has seen an overall increase in the older population, St. Louis City has experienced a decrease of 27.5% in the age 65 and over population, and a 13% drop in the 85+ age group.³

In America, and in Missouri as well, one can expect to spend a significant number of years in old age. Quality of life in later years is directly influenced by an older person's health and level of physical and cognitive functioning. Good health, the ability to live independently in the community and affordable health care are concerns not only for the older person but for society as a whole. Younger persons who care for their aging relatives face financial and emotional challenges. For society, the financing of health care services for seniors is a significant outlay of resources.⁴

In order to effectively address the needs of the older population in Missouri, quality data are needed for assessing functional status, health behaviors and needed assistance. The Missouri Department of Health and Senior Services (formerly the Department of Health and the Division of Aging within the Department of Social Services) and the ten Missouri Area Agencies on Aging (AAA) have conducted a statewide study of older adults, 60 years of age or older, and have targeted minority populations. Analysis of this information will serve as a foundation for program policies to address the needs of this growing population and to improve the quality of life for Missouri's seniors.

Survey Design and Administration

The Missouri Department of Health and Senior Services (DHSS), Division of Chronic Disease Prevention and Health Promotion (CDPHP) designed the needs assessment study, developed the survey questionnaire and conducted the telephone interviews. There were two phases to the study: the first phase sampled the entire state; the second phase targeted minority populations in metro Kansas City, metro St. Louis and the Bootheel region.

The statewide study was designed to provide statewide representation of the population aged 60 and older. A disproportionate stratified random sample was used, stratifying by regions that roughly correspond to DHSS districts. For the targeted survey, a disproportionate stratified random sample was also used in the Bootheel, St. Louis City and the city of Kansas City. Stratification was made proportionately to the county population. Zip codes with 40% or more African-Americans in St. Louis, 20% or more in Kansas City, and 18% or more in the Bootheel were oversampled. This report covers the targeted survey in St. Louis City.

Trained interviewers from the CDPHP placed the calls and interviewed only respondents age 60 or older. Proxy respondents were allowed if the respondent was unable to speak on the telephone because of a hearing problem or physical disability. Interviewing occurred June 23, 2000 through March 8, 2001. A total of 2,757 surveys were completed for the statewide study; 445 targeted interviews were completed. Of the targeted surveys, 139 were completed among St. Louis City residents.

Analysis

The CDPHP applied the Behavioral Risk Factor Surveillance System (BRFSS) weighting formula to all data collected.⁵ Weighting allows for controlling all known sources of bias and a regional stratification adjustment and post-stratification weight to compensate for non-response and non-coverage of households without telephones. Upon weighting, sample proportions of selected demographic char-

Introduction

acteristics equal the estimated sample proportions of the population, based on 1990 Census data.

To arrive at population estimates based on 2000 Census data, sample percentages have been applied to the age 60+ population obtained from the 2000 Census, excluding an estimate of the age 65+ institutionalized population. The institutionalized, age 65+ population from the 2000 Census is not yet available on a county level so an estimate of this population has been determined using the following methodology. Statewide, 50% of the institutionalized population is age 65 or older; it has been assumed that 50% of St. Louis City's institutionalized population is also age 65 and older. Half of the institutionalized population has then been deducted from the age 65 and older population, with the resulting total added to the 60-64 population to arrive at an estimate for the age 60+ population. This estimate has been used as the basis to provide further estimates of certain populations, as noted throughout the report and in the Data Tables section starting on page 22.

Population Estimate for St. Louis City	
65+ population	47,842
- 50.283% of institutionalized population	2,347
Estimated 65+, non-institutionalized population	45,495
+ 60-64 population	11,612
Estimated 60+, non-institutionalized population	57,107

Chi-square tests and *t*-tests were conducted at the 95% confidence level to determine statistically significant differences. Where noted in the report, a significant difference means statistical significance at the 95% confidence level.

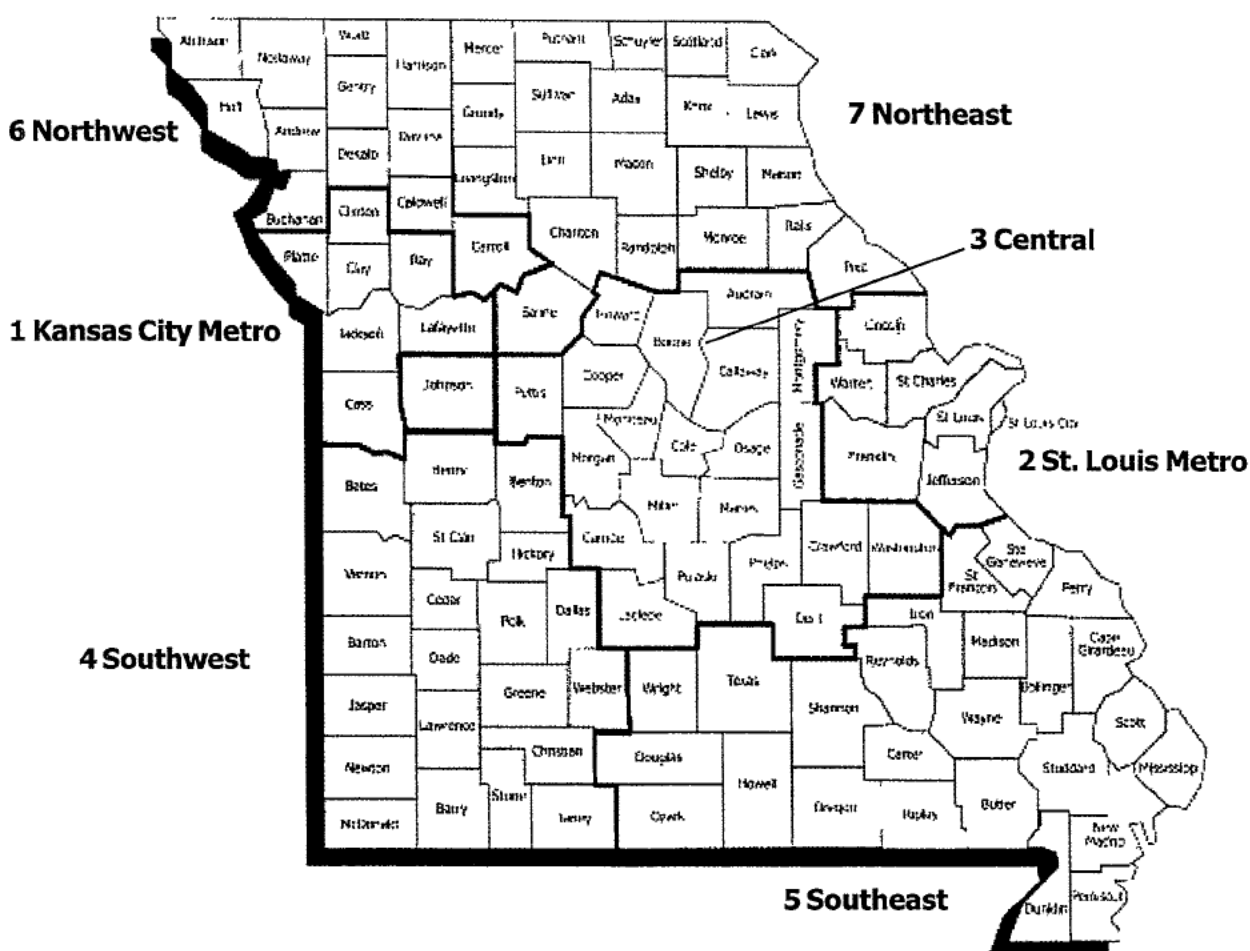
Report Organization

This report is a summary of the data collected from the targeted survey in St. Louis City. The first section details selected demographic characteristics of the older population. The second section covers health status measures and health habits; section three presents measures of functional status. The fourth section explains awareness and usage of selected community aging services. Section five highlights health care coverage; the sixth section covers issues about social activity, caregiving, discrimination, abuse and neglect, and neighborhood safety. At the end of the report is a section of data tables that provides supporting data for the report and population estimates based on the 2000 U.S. Census non-institutionalized, age 60 and older population.

References

- ¹ A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services
- ² Regional Profiles, OSEDA-Office of Social and Economic Data Analysis, www.oseda.missouri.edu/regional_profiles/pchseniorpop_1990_2000.html
- ³ Basic Demographic Profile Trend Report 1990-2000, Missouri Census Data Center, www.mcdc.missouri.edu
- ⁴ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.
- ⁵ National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Factor Surveillance System, www.cdc.gov/nccdphp/brfss/, Frequently Asked Questions (FAQs)

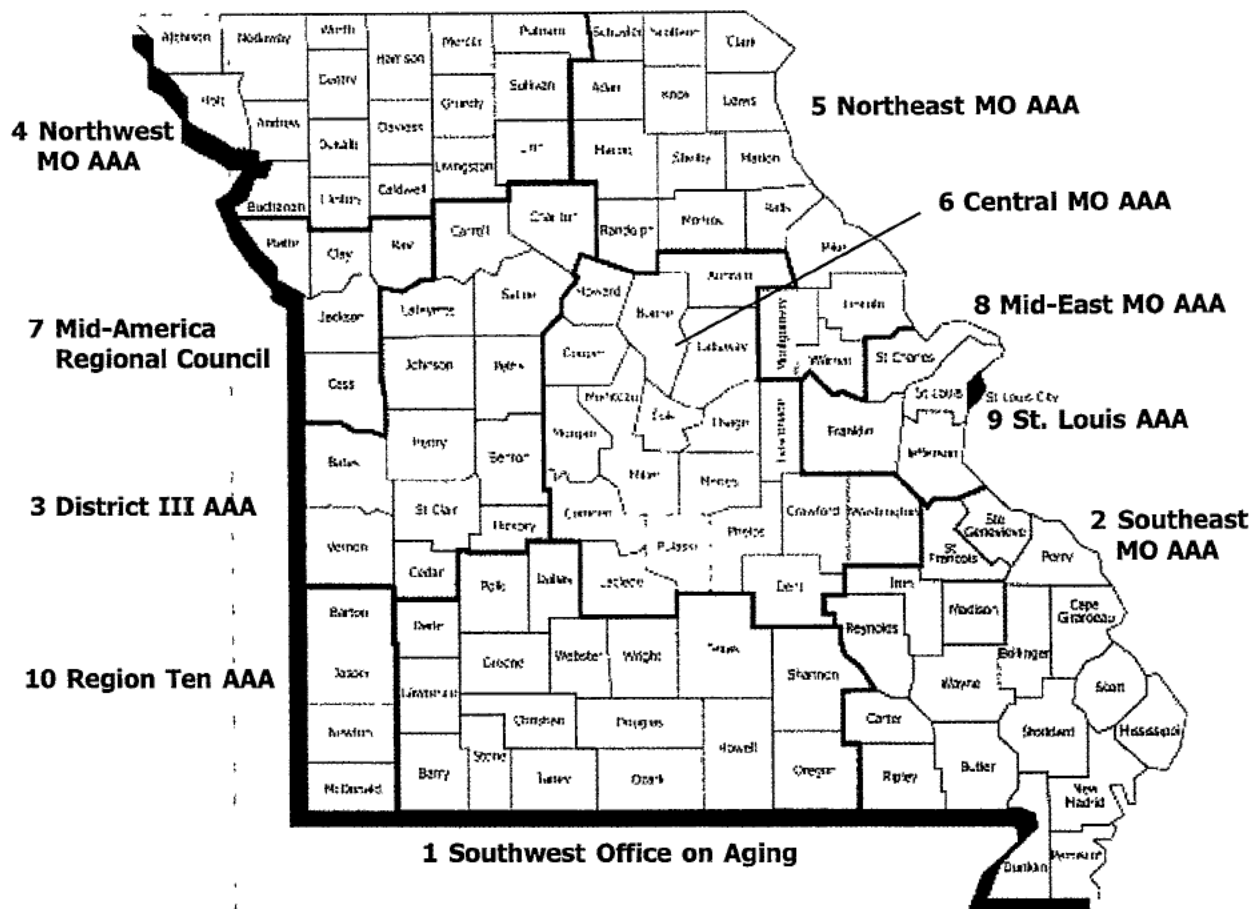
Sampling Regions



- 1 Cass, Clay, Clinton, Jackson, Lafayette, Platte, Ray
- 2 Franklin, Jefferson, Lincoln, St. Louis City, St. Louis County, St. Charles, Warren
- 3 Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Washington
- 4 Barry, Barton, Bates, Benton, Cedar, Christian, Dade, Dallas, Greene, Henry, Hickory, Jasper, Lawrence, McDonald, Newton, Polk, St. Clair, Stone, Taney, Vernon, Webster
- 5 Bollinger, Butler, Cape Girardeau, Carter, Douglas, Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Reynolds, Ripley, Ste. Genevieve, St. Francois, Scott, Shannon, Stoddard, Texas, Wayne, Wright
- 6 Andrew, Atchison, Buchanan, Caldwell, Carroll, Daviess, DeKalb, Gentry, Harrison, Holt, Johnson, Nodaway, Worth
- 7 Adair, Chariton, Clark, Grundy, Knox, Lewis, Linn, Livingston, Macon, Marion, Mercer, Monroe, Pike, Putnam, Ralls, Randolph, Saline, Scotland, Schuyler, Shelby, Sullivan

- Targeted Areas:**
- (a) St. Louis City
 - (b) City of Kansas City
 - (c) Bootheel - counties of Mississippi, New Madrid, Scott, Pemiscot, Dunklin and Stoddard bleeding into Bollinger

Area Agency on Aging Regions



- 1** Barry, Christian, Dade, Dallas, Douglas, Greene, Howell, Lawrence, Oregon, Ozark, Polk, Shannon, Stone, Taney, Texas, Webster, Wright
- 2** Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Perry, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Stoddard, Wayne
- 3** Bates, Benton, Carroll, Cedar, Chariton, Henry, Hickory, Johnson, Lafayette, Pettis, Saline, St. Clair, Vernon
- 4** Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Putnam, Sullivan, Worth
- 5** Adair, Clark, Knox, Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Randolph, Schuyler, Scotland, Shelby, Warren
- 6** Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski, Washington
- 7** Cass, Clay, Jackson, Platte, Ray
- 8** Franklin, Jefferson, St. Charles, St. Louis
- 9** St. Louis City
- 10** Barton, Jasper, McDonald, Newton

Note: See pg. 36 for contact information.

Demographic Characteristics

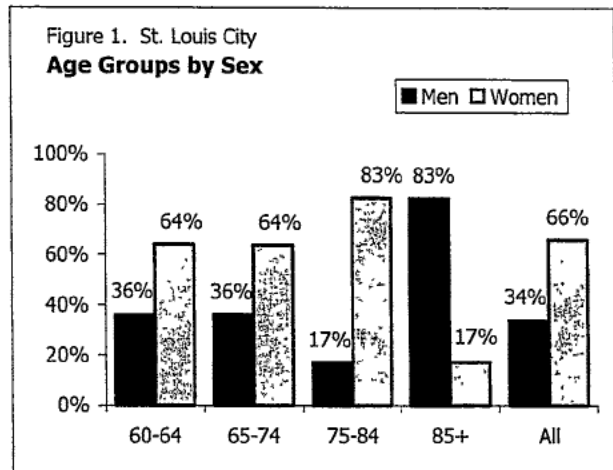
The age of seniors surveyed ranges in years from 60 to 97, with an average of 72 years. The average age is the same for men and women. There is a higher percentage of women surveyed for each age group except for those age 85+ when the situation is reversed (Figure 1).

The majority of older adults are white; 35% report themselves as black and less than one percent as another race (Data Tables, pg. 22). For analysis purposes, races other than white will be grouped in the category of Other.

Marital Status, Living Arrangement

Marital status and living arrangement impact older adults' well-being as they are closely linked to income, health status, and the availability of potential caregivers. Consistent with U.S. Census data¹ and national health study data², marital status and living arrangement of Missouri's seniors vary considerably by age, sex and race.

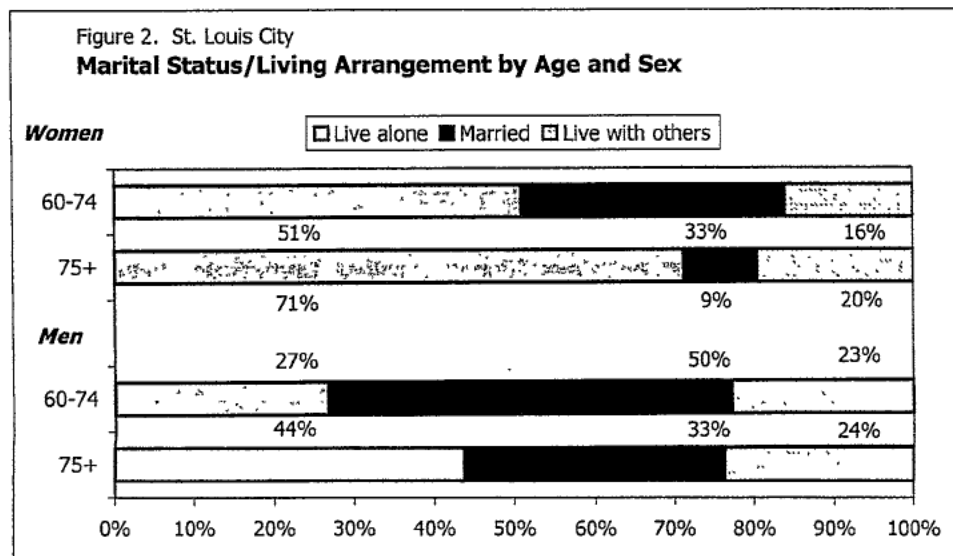
Living arrangement is defined by marital status and the number of people residing in the household. An assumption was made that if the respondent is married and living with another person, that respondent is living with his/her spouse.



For analysis purposes, marital status and living arrangement are combined into the following categories: married and living with others; living alone; living with others.

The number of seniors living alone increases with age. Only 42% of adults aged 60 to 74 live alone; that percentage jumps to 63% for the 75+ age group (Data Table, pg. 22). Men are more likely than women to be married at both age levels, reflecting the fact that men are often outlived by their wives, marry women younger than themselves and remarry more frequently (Figure 2).

Minority older adults are more likely than white seniors to live with others (Data Tables, pg. 22).



Population

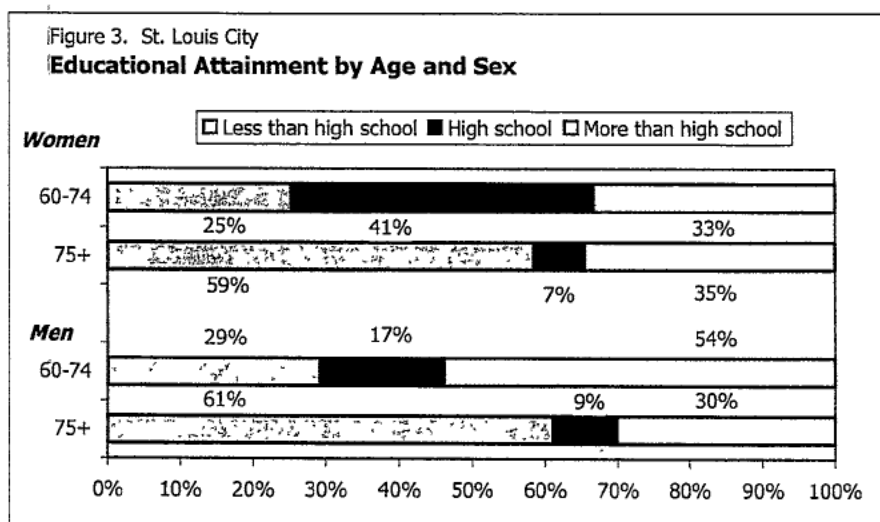
Educational Attainment

Higher levels of education are usually correlated with higher incomes, higher standards of living, and above-average health status among older adults. Thus, education can have an indirect influence on a person's well-being.³

Almost two-thirds of older adults have graduated from high school. The older old are least likely to have finished high school (Data Tables, pg. 23).

For the 75+ group, percentages are similar among men and women for the amount of education received. Among the younger age group, women more often graduated from high school while men are more likely to have gone on to college (Figure 3).

White seniors are more likely than minority elders to have received an education beyond high school (Data tables, pg. 23). This likely reflects the prevailing attitudes and educational opportunities at the time when they received most of their formal education.

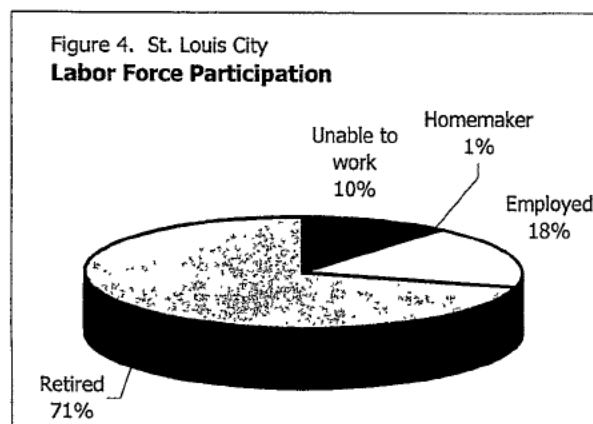


Labor Force Participation

Over 70% of older adults are retired; 18% are employed (Figure 4). Employed seniors who average 67 years of age are younger than retirees, who average 73 years of age. Working men with an average age of 62 tend to be younger than working women, whose average age is 68.5 (Table 1).

Table 1. St. Louis City
Percent Employed by Age and Sex

	Men	Women	ALL
ALL	14%	20%	18%
60-64	51%	29%	37%
65-74	3%	30%	20%
75+	0%	0%	0%

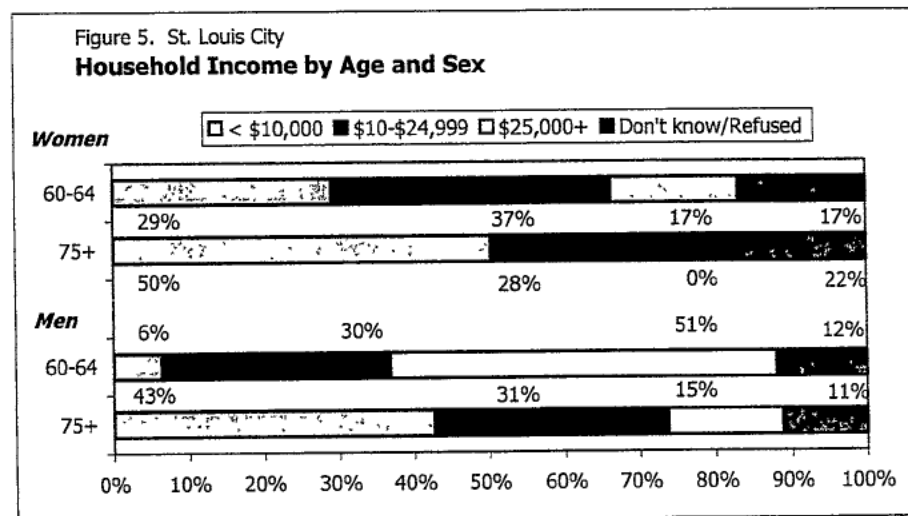


Household Income

An older adult's income has a direct bearing on his or her quality of life. Persons with inadequate income risk lack of food, housing, health care and needed services. Socioeconomic status has been proven to affect a person's health.⁴

Annual household income is less than \$25,000 for 62% of seniors; 10% have incomes of \$50,000 or more (Data Tables pg. 23). Sixteen percent of respondents either refused to report their income or did not know their income.

As age increases, household income decreases for both men and women (Figure 5). Men are more likely than women to report incomes of \$25,000 or more. Women are more likely than men to report incomes of under \$10,000, a function of a woman's lifelong economic dependency on her spouse and her greater likelihood of widowhood.



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¹ Current Population Reports. The Older Population in the United States. U.S. Census Bureau. March 1999.

² National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

³ Federal Interagency Forum on Aging-Related Statistics. Older Americans 2000: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics, Washington, DC: U.S. Government Printing Office. August 2000.

⁴ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vo. 279 Issue 21 06/03/98, 1703-1709.

Health Status

Self-Rated Health

Self-assessed health is one of the simplest but most informative measures of health, summarizing physical, emotional and social aspects of well-being. Research has found self-rated health to highly correlate with mortality, and has demonstrated that older persons who report their health as poor are at increased risk for declines in physical functioning.¹

Almost 55% of seniors assess their health as good, very good or excellent while 45% rate their health as fair or poor (Data Tables, pg. 24). Overall, as age increases negative health evaluations increase (Figure 6). Men who report fair or poor health are on average older than women, 77 vs. 71 years old.

National studies^{1,2} and the 1994 Needs Assessment study have found black seniors to be more likely to report worse health. In this study, the percentage reporting fair or poor health is higher for minority elders than white seniors but the difference is not statistically significant (Figure 7).

Differences in health outcomes by socioeconomic position have been recognized as a persisting public health problem. The Americans' Changing Lives (ACL) longitudinal study found that lower levels of education and income are associated with a significantly higher prevalence of health risk behaviors, including smoking, being overweight and physical inactivity.³

Figure 6. St. Louis City
Percent Who Report Fair or Poor Health by Age and Sex

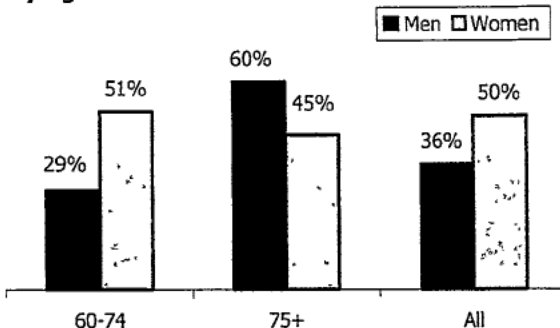
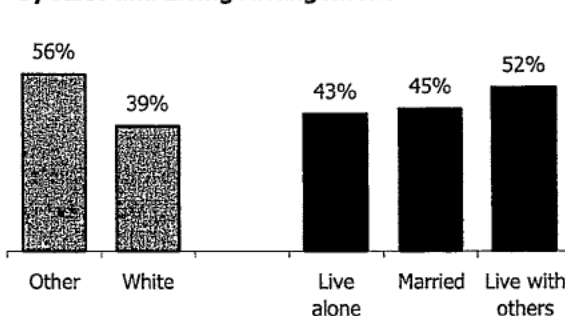
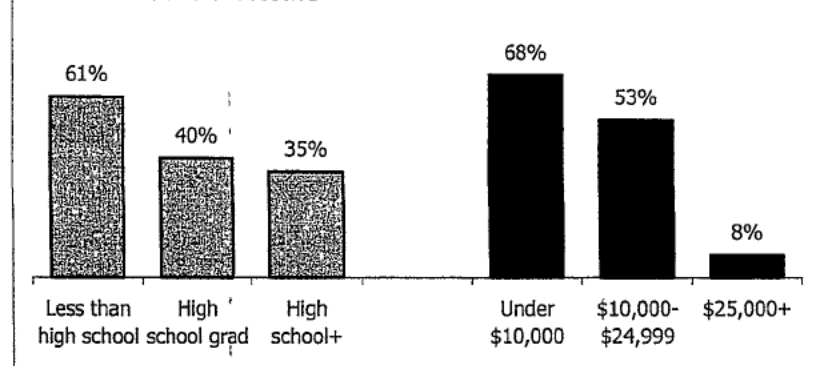


Figure 7. St. Louis City
Percent Who Report Fair or Poor Health by Race and Living Arrangement



Seniors' perception of their health also differs significantly in this study by the socioeconomic indicators of educational attainment and household income. Self-rated health improves as education and income increase.

Figure 8. St. Louis City
Percent Who Report Fair or Poor Health by Education and Household Income



Over two-thirds of older adults with incomes under \$10,000 report fair or poor health. In contrast, only 8% of those with incomes \$25,000 or more evaluate their health as fair or poor (Figure 8).

Health Limitations

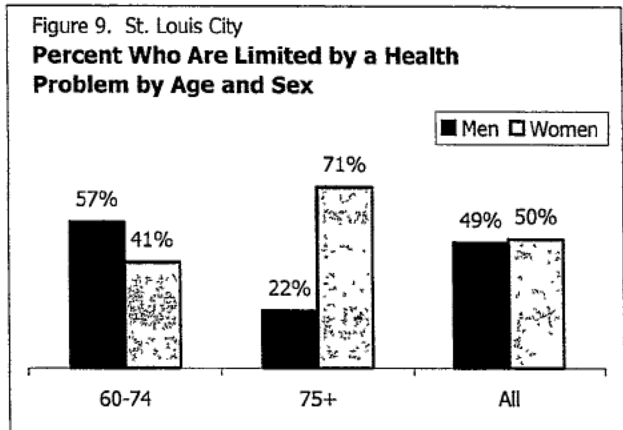
Chronic diseases such as arthritis affect the quality of life and contribute to disability and the inability to live independently. Half of older adults are limited in activities because of an impairment or health problem. Arthritis (18%), a walking problem (9%), eye/vision problems (6%), and heart problems (4.5%) are the major afflictions reported as limiting activities (Data Tables, pg. 24).

Overall, there is no difference among the percentage of men and women reporting that their health limits their activities (Figure 9). For those age 75 and older, women are much more likely to report limitations.

As expected, those rating their health as fair or poor are more likely to indicate their activities are limited because of a health problem than those with a good to excellent self-health rating (Data Tables, pg. 24).

Ten percent of elders report having trouble learning, remembering or concentrating because of an impairment or health problem (Data Tables, pg. 24).

Survey participants were asked a variety of questions regarding how many days in the past 30 days they felt healthy, and how many days they were affected by poor physical health, poor mental health, and sleep deprivation. (Table 2; Data Tables, pg. 25)



Days of Good Health

The majority of seniors have felt very healthy and full of energy at least one day in the past 30 days. Those reporting at least one day of good health average 23 good days.

Days of Poor Health

Over one-third of seniors have had one or more days in the past 30 where their physical health was not good, averaging 15 poor days. Pain made it hard for over one-fourth of older adults to do their usual activities at least one day in the past month. On average, those with pain had 19 days where pain inhibited their daily activities.

Poor mental health days have been experienced by 17% of older adults, who average 15 poor days. Almost one-third have had at least one day where they felt sad, blue or depressed and average 12 such days; one-third have felt worried, tense or anxious and average 12 days; 42% did not get enough sleep, averaging 15 sleepless days.

Poor physical or mental health has kept an estimated 13,249 elders from doing their usual activities; these individuals average 13 days of poor overall health.

Table 2. St. Louis City
Percent Who Report At Least 1 Day in the Past 30 Days

	Percent	Estimated Persons	Average # of Days
Felt very healthy & full of energy	75%	42,545	23.0
Physical health was not good	42%	23,928	15.4
Pain made it hard to do activities	29%	16,732	18.6
Mental health was not good	17%	9,594	15.3
Felt sad, blue, depressed	32%	18,103	12.4
Felt worried, tense, anxious	33%	18,960	11.8
Did not get enough rest/sleep	42%	23,985	15.4
Poor health kept you from activities	23%	13,249	13.1

Health Status

Health Habits

Research has shown that physical activity has many health benefits: reducing the risk of certain chronic diseases, relieving symptoms of depression, helping to maintain independent living, and enhancing the overall quality of life. Forty-one percent of seniors have participated in physical activities or exercised in the past month (Figure 10). Participation drops off for those age 65 and older.

The most popular activities seniors participate in are walking, exercising at home or at a health club, aerobics and gardening. For those who do exercise, they do so several times a week (Data Tables, pg. 26).

Older adults are at a higher risk of contracting and suffering from consequences of the flu or pneumonia. An annual flu shot and a pneumonia vaccination are recommended for adults age 65 and older. Fifty-six percent have had a flu shot in the past year, with the majority receiving their shot at a doctor's office. Almost half of the seniors, 46%, have had a pneumonia vaccination (Figure 11).

Figure 10. St. Louis City
Percent Who Participated in Physical Activity by Age

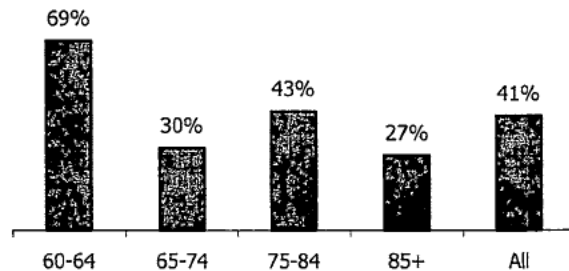
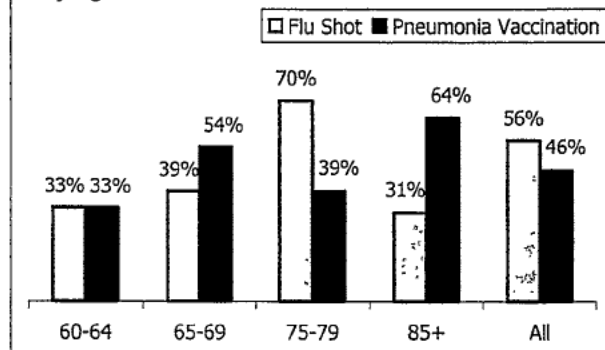


Figure 11. St. Louis City
Percent Who Have Had Vaccinations by Age



References

¹ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

² A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services

³ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vol. 279 Issue 21 06/03/98, 1703-1709.

The functional ability of an older person declines with age. Functional limitation and whether a person receives assistance serve as key indicators of an older person's ability to live independently in the community and have implications for service delivery, quality of life, and life expectancy. Functional status is commonly defined in terms of the ability to perform certain tasks of daily living. Researchers group these tasks into two categories: essential activities of daily living (ADL) and the more complex instrumental activities of daily living (IADL). The ADLs included in this survey are eating, bathing, dressing, toileting, getting in/out of bed, walking, getting around the house, and getting outside. IADLs include light housework, heavy housework, using the telephone, shopping, preparing meals, taking medication and managing money.

For each ADL and IADL, respondents were asked how much difficulty they had performing each task, who helped them if they had difficulty and if it was enough help. Respondents are considered to have difficulty with an ADL or IADL if they report needing some help or unable to do without help. Consistent with other studies, those who report they do not do an ADL are counted as having difficulty.¹ Because ADLs are fundamental to the existence of the person, it is likely the respondent who "does not do" a specific activity is limited. The percentage of those reporting "doesn't do for other reason" is less than one percent for any given ADL. Unlike ADLs, IADLs are not necessities of life and may not be done for reasons other than disability. Thus, those who report they do not do a specific IADL are not counted as limited.

ADL and IADL Difficulties

Over half of seniors, 52%, need some help performing either ADLs or IADLs (Figure 12). Mobility is the most prevalent ADL difficulty with one-fourth reporting trouble walking, getting around the house, and/or getting outdoors (Figure 13). Six percent have difficulty with personal care activities. Overall, 26% have difficulties performing ADLs.

More seniors need help with IADLs than with ADLs, 50% vs. 26% respectively. Help is most

Figure 12. St. Louis City
Functional Limitations

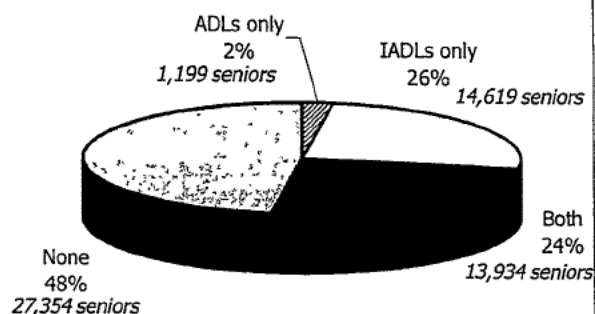
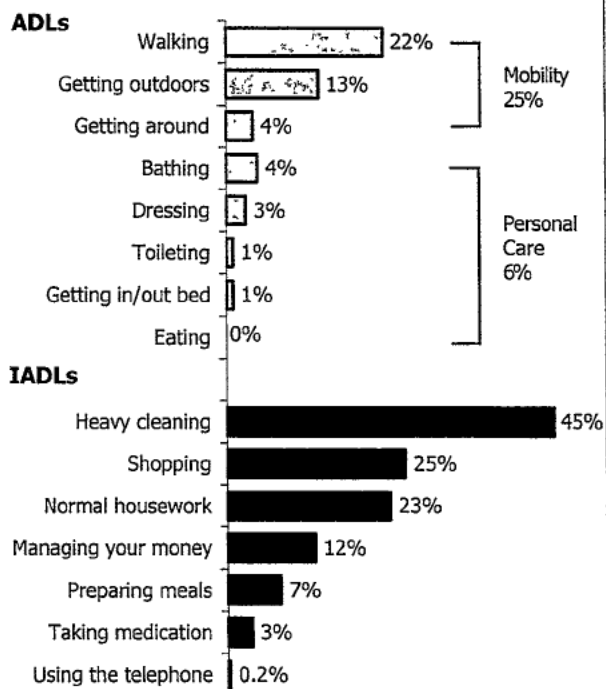


Figure 13. St. Louis City
Percent with ADL and IADL Difficulties

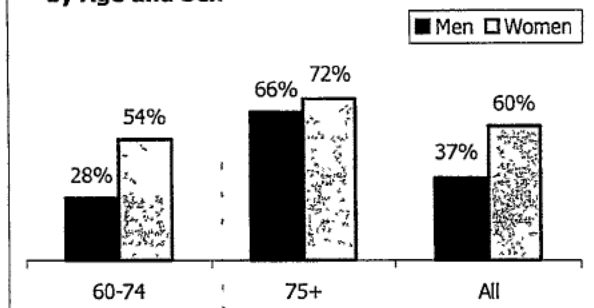


often required with cleaning and shopping (Figure 13).

Functional status varies significantly across age and sex. As age increases, functional limitations increase. Women more than men are likely to need assistance with ADLs and/or IADLs (Figure 14).

Functional Status

Figure 14. St. Louis City
Percent Who are Functionally Limited
by Age and Sex



Assistance with Functional Limitations and Unmet Needs

Some seniors are able to overcome their difficulties in performing daily activities through the use of assistive devices; many others require personal assistance. The majority of elders are receiving the necessary assistance and in most cases, it is enough help (Data Tables, pgs. 27-28).

For most, assistance comes from family. Professional help is used more for bathing, normal housework, heavy cleaning and managing money. Other help, usually in the form of assistive devices such as a walker or cane, is more often used with walking, getting around the house or getting outdoors (Data Tables, pgs. 27-28).

While help is available for most seniors who need it, there are still thousands who are going unaided. These adults may be at risk for institutionalization if the need for assistance goes unmet. Unmet need has been determined for each ADL and IADL where an individual has no one to help when help is needed, or if the help they get is enough help only some of the time, seldom or never.

Overall, 23% of older adults are in need of help or need more help with their everyday activities (Figure 15). Nine percent need more help with one or more ADLs, with the majority requiring assistance with walking. Bathing is the personal care activity for which most seniors need some assistance. Nineteen percent could use additional help with at least one IADL. Heavy cleaning and shopping are the needs that most often go unmet (Data Tables, pg. 27-28).

As with ADL and IADL difficulties, unmet need for assistance increases as age increases and women are more likely than men to go unaided (Figure 16). The difference between the sexes for needed IADL assistance is much greater than the need for ADL assistance. This is likely due to the traditional role women have played in the household, where cleaning, shopping and cooking are the woman's responsibility. Thus, men may not need help with these activities because they do not do these activities.

Figure 15. St. Louis City
Unmet Need for Assistance with Functional Limitations

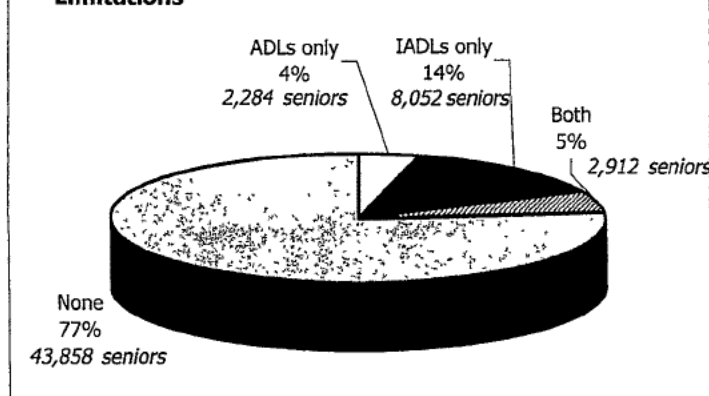
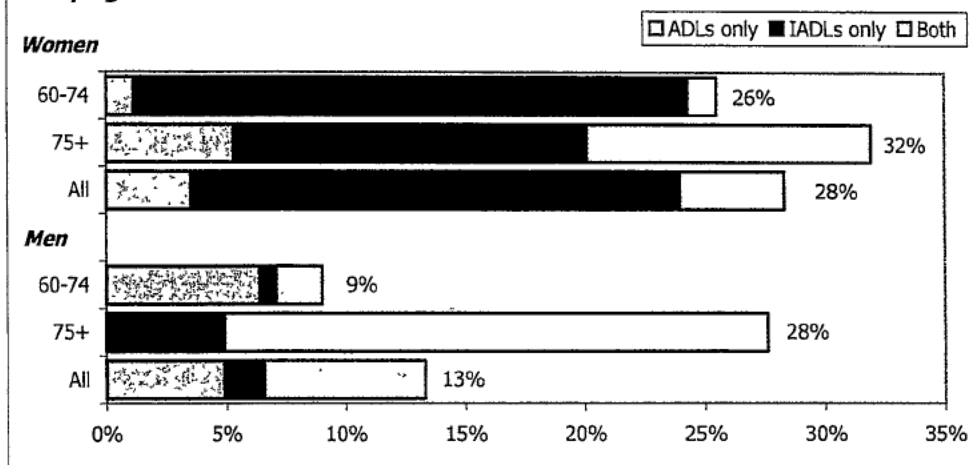


Figure 16. St. Louis City
Percent of Unmet Need for Assistance with Functional Limitations
by Age and Sex



References

¹ Health Data on Older Americans: United States, 1992. National Center for Health Statistics. Vital and Health Statistics 3(27), January 1993.

Service Awareness and Use

Where To Go For Help

Most seniors will talk with their family members when they need someone to help with their personal care and their day-to-day activities (Table 3). A large number do not know who they would talk to if they needed help: one-fourth, or an estimated 14,160 persons, don't know with whom they would speak for personal care assistance; an estimated 9,370 seniors do not know who to talk to about getting help with day-to-day activities (Data Tables, pg. 28).

Table 3. St. Louis City

Who Would You Talk to for Help

	With Personal Care	With Day-to-Day Activities
Family	32%	38%
Doctor	18%	10%
Social service agency	7%	6%
Other	18%	30%
Don't know	25%	16%

Around one-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services (Figure 17).

Regarding agencies to contact to find out about aging services in the community, awareness is highest for the Division of Senior Services. Close to half of seniors do not know which agency to contact for services (Figure 18).

Overall, 9%, or an estimated 5,140 older adults, indicate they have no one to talk to about getting help with personal assistance or day-to-day activities, and do not know what agency to speak with about aging services.

Figure 17. St. Louis City

Aware of the Toll-Free Information and Referral Number

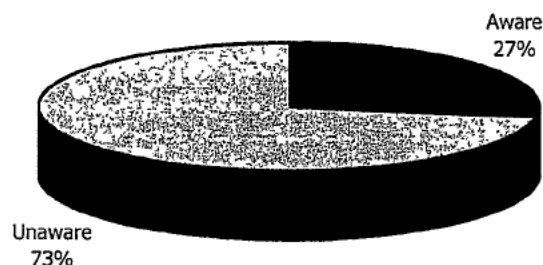
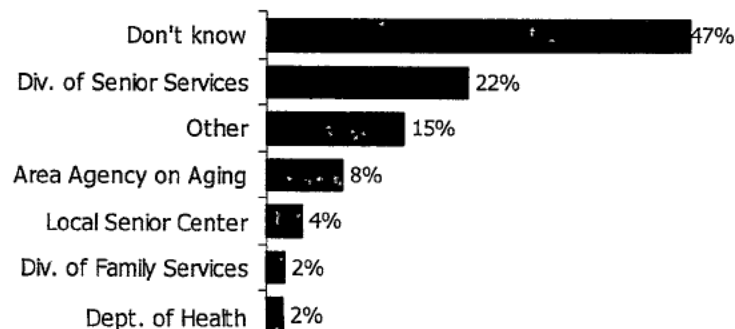


Figure 18. St. Louis City

Agency To Contact About Aging Services



Service Awareness and Use

Home-Delivered Meals

Two-thirds of older adults are aware of the availability of home-delivered meals or Meals on Wheels in their community (Table 4).

Table 4. St. Louis City
Home-Delivered Meals

	Percent	Persons
Aware	66%	37,634
Receiving	2%	1,313
Unmet Need	4%	2,513

Two percent of seniors report receiving home-delivered meals (Table 4). This would include Home Delivered Meals through local senior centers and other community operated meals on wheels programs. Four percent believe they need home-delivered meals but are not getting them, or feel the service does not provide them with enough meals. Reasons for not receiving meals include unavailability or the service doesn't meet the need (Data Tables, pg. 30).

The vast majority of seniors, almost 90%, have not been concerned about having enough food for themselves and their families in the past 30 days (Data Tables, pg. 29).

Senior Center

Half of older adults know of a senior center in their community where they can eat meals and participate in social activities (Table 5). Eight percent of seniors report they visit a center.

Table 5. St. Louis City
Senior Center

	Percent	Persons
Aware	50%	28,725
Go To	8%	4,511

Awareness and attendance for senior centers is higher for men than women (Data Tables, pg. 30). The biggest reason for not going to a senior center is the unavailability of one in their community (Data Tables, pg. 30).

Assistance Filling Out Forms

Assistance filling out Medicare, insurance or other forms is thought to be available in the community by almost half of seniors (Table 6).

Not everyone was asked if they currently need help filling out forms due to a survey programming error. *Thus, the data presented here is based on only those seniors asked so need and receipt of assistance of this service may be underestimated.*

Over one-fourth of seniors say they receive help filling out their forms; another 4% could use help with their forms (Table 6). Receipt of assistance is greater for women, lower income individuals, and those living with others (Data Tables, pg. 31).

Table 6. St. Louis City
Assistance Filling Out Forms

	Percent	Persons
Available	49%	27,754
Receiving	27%	7,424
Unmet Need	4%	1,142

Service Awareness and Use

Transportation

Lack of transportation is a problem for almost 18% of older adults when they want to go someplace (Data Tables, pg. 31). The problem becomes greater as adults get older: only 13% of elders 60-74 years old feel lack of transportation is a problem; the percentage increases to 31% for those age 75 and older. Lower income individuals more often than higher income persons find lack of transportation a problem (Data Tables, pg. 32).

The majority of older adults report a public transportation system is available where they can walk to a bus stop (Table 7). One-fourth of seniors need to use public transportation when they want to go someplace, and for most it meets their transportation needs. Reasons why it does not meet all transportation needs include the day/hour/timing of service or the destination is outside the service area (Data Tables, pg. 30).

Table 7. St. Louis City
Public Transportation

	Percent	Persons
Available	80%	45,914
Need to Use	25%	14,277
Doesn't meet my needs	8%	4,511

Transportation Service

	Percent	Persons
Available	71%	40,318
Use	13%	7,652
Doesn't meet my needs	1%	685

Almost three-fourths of seniors are aware of the availability of a transportation service where you can call in advance; 13% report they use such a service (Table 7). Only one percent say it doesn't meet all their transportation needs.

Daily Check

The majority of seniors, 87%, feel they do not need a daily check by someone to be sure they are okay. Twelve percent of older adults report receiving such a check and less than one percent believe they need it but are not receiving it (Table 8).

Table 8. St. Louis City
Daily Check

	Percent	Persons
Receive	12%	6,967
Unmet Need	0.7%	400

Health Care Coverage

For those age 65 and older, Medicare is the most common health care coverage. The youngest old are most likely to be covered through an employer or by another source (Data Table, pg. 33). Five percent, or an estimated 2,620 seniors, indicate they have no health insurance.

Inability to See a Doctor

Survey participants were asked if there was a time in the past 12 months when they needed to see a doctor but could not for various reasons. Cost and limited service times are the most popular reasons for not being able to see a doctor when necessary (Figure 20).

Figure 19. St. Louis City
Health Care Coverage

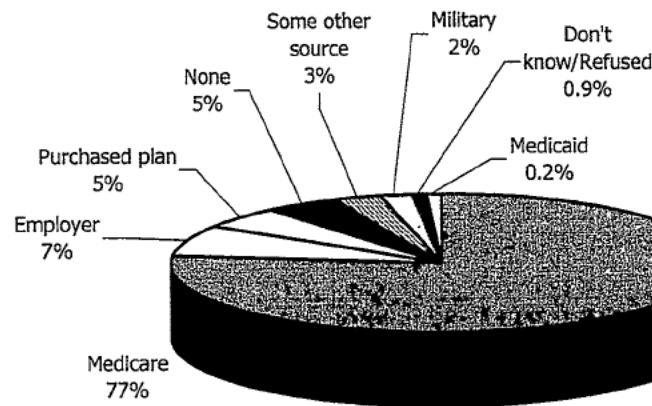
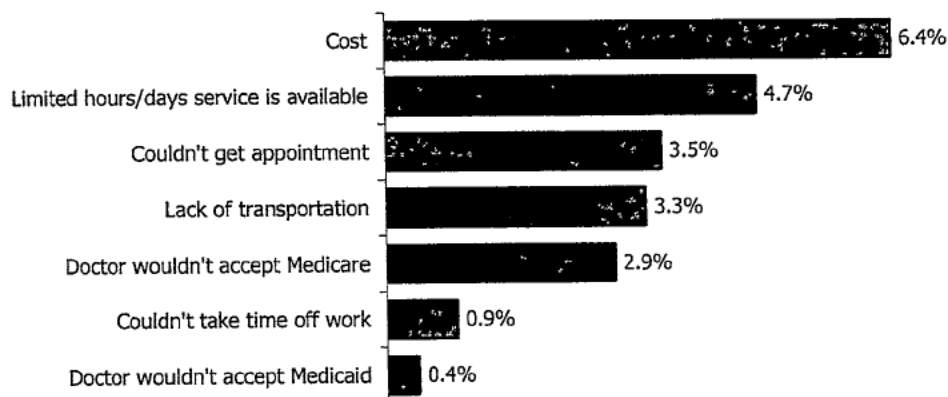


Figure 20. St. Louis City
Percent Who Needed to See a Doctor but Couldn't



Social Support

Social Activity

Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. The majority of seniors, 85%, talk on the telephone at least weekly (Figure 21). Face-to-face interactions occur less frequently but still a majority, 64%, manage to visit someone outside their home at least once a week (Figure 22).

Figure 21. St. Louis City
Talk on the Telephone

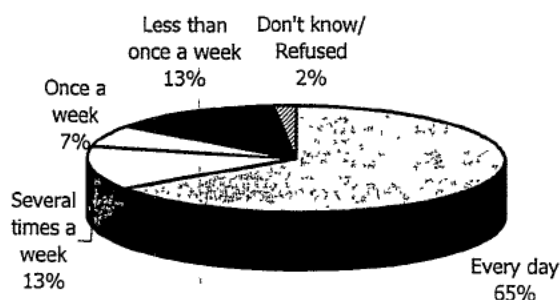
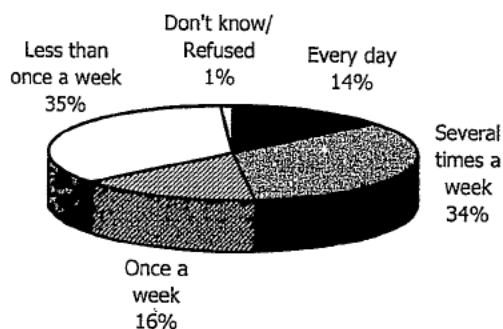


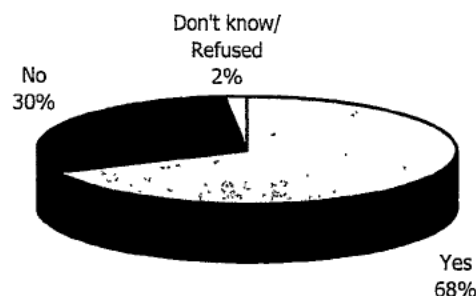
Figure 22. St. Louis City
Visit Someone



Caregiving

Thirty percent of older adults, an estimated 17,300 persons, report having no one who would care for them if they became sick or disabled (Figure 23). This percentage is significantly higher for the younger age group. Men are more likely than women to have a possible caregiver, which is related to the younger age of men and the stronger likelihood of being married and living with a spouse (Data Tables, pg. 34).

Figure 23. St. Louis City
Have a Potential Caregiver

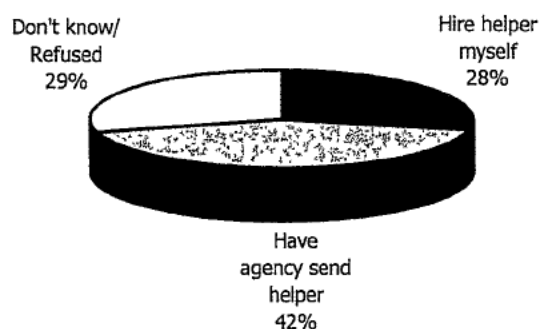


Traditionally, families have cared for older adults. Smaller family sizes, geographic mobility, increased number of women in the workforce and the increased longevity of older adults have been affecting the network of potential caregivers.¹ Family caregivers are an essential part of the health care economy. The estimated value of informal caregiving is an estimated \$196 billion.² With the shrinking number of potential caregivers, increases are likely in in-home care expenses as well as the institutionalization rate and subsequent nursing home care expenses.

For those who would have a caregiver, around 40% say the person would be able to care for them as long as needed. This person is most likely to be a child (Data Tables, pg. 34). The tables include those who didn't have a caregiver in its percentage calculation.

If seniors needed help at home, more would prefer an in-home service agency send a trained helper rather than finding a helper themselves; over one-fourth do not know which option they prefer (Figure 24).

Figure 24. St. Louis City
Preference for In-Home Help



Discrimination

The majority of older adults have not been discriminated against in the past year because of their age (79%) or their race (88%). Of the seniors who experienced racial or ethnic discrimination, only 6% report it prevented them from receiving needed services (Data Tables, pg. 35). A total of 5.4% of respondents didn't know or refused to answer if they had experienced racial or ethnic discrimination.

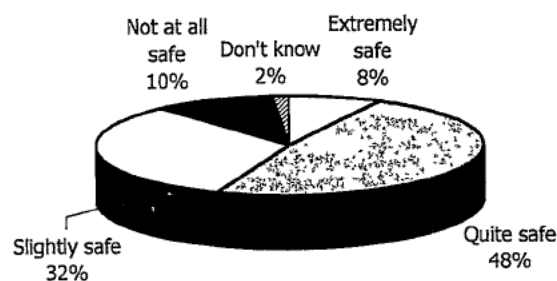
Abuse & Neglect

Less than three percent of seniors are aware of older adults in their community who have been abused or neglected (Data Tables, pg. 35). Almost one-third are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

Housing & Neighborhood Safety

Almost three-fourths of older adults own their home, 64% live in a house, and almost 90% have lived at their current residence for at least two years. Only one percent are considering moving within the next year where they can get more help (Data Tables, pg. 35). The majority of seniors, 56%, consider their neighborhoods to be extremely or quite safe from crime (Figure 25).

Figure 25. St. Louis City
Neighborhood Safe from Crime



References

- ¹ Internet Information Note: Caregiving for the Elderly - National Aging Information Center; www.aoa.gov/naic/Notes/caregivingforelderly.html.
- ² Family Caregiver Alliance Fact Sheet: Selected Caregiver Statistics; www.caregiver.org/factsheets/caregiver_statsC.html.

Data Tables

Note: Population estimates are determined by applying the sample percentages to the age 60 and older population, excluding the age 65+, institutionalized population. Because the estimates are based on rounded sample percentages, they may not add to the total population.

Population of the Sample

St. Louis City	Percent
	100.0%
Age	
60-64	22.5%
65-69	16.4%
70-74	33.0%
75-79	9.2%
80-84	13.4%
85+	4.7%
Don't know/Refused	0.8%
Sex	
Male	33.7%
Female	66.3%
Race	
White	64.4%
Black	35.3%
Other	0.3%
Hispanic	
Yes	6.1%
No	93.2%
Don't know/Refused	0.6%
Marital Status	
Married	34.6%
Widowed	13.9%
Divorced	37.7%
Never been married	11.8%
Separated	1.9%
Household Size	
One	47.7%
Two	40.0%
Three	6.6%
Four or more	4.9%
Don't know/Refused	0.8%
Living Arrangement	
Live alone	47.7%
Live with spouse	29.3%
Live with spouse/others	4.0%
Live with others	19.0%
Marital Status/ Living Arrangement	
Live alone	47.7%
Married, live with spouse	33.3%
Live with others	19.0%

Percent of Race by Age

St. Louis City	White	Other
ALL	64.4%	35.3%
Age		
60-64	78.4%	21.6%
65-74	63.1%	36.9%
75-84	61.0%	39.0%
85+	37.3%	62.7%
60-74	67.9%	32.1%
75+	56.9%	43.1%
Average Age	71.0	72.7

Percent of Marital Status/Living Arrangement by Age Groups, Sex and Race

St. Louis City	Live alone	Married	Live with others
ALL	47.7%	33.3%	19.0%
Age			
60-64	38.7%	54.6%	6.7%
65-74	43.8%	32.2%	23.9%
75-84	65.0%	14.8%	20.2%
85+	55.5%	20.7%	23.8%
60-74	42.2%	39.2%	18.5%
75+	63.4%	15.8%	20.8%
Average Age	73.3	68.8	72.2
Sex			
Male	30.6%	46.3%	23.1%
Female	56.3%	26.7%	17.0%
Race			
White	52.1%	34.7%	13.2%
Other	39.6%	30.8%	29.6%

Population of the Sample

<i>St. Louis City</i>	Percent
	100.0%
Education	
No school	0.0%
Grades 1 through 8	25.7%
Grades 9 through 11	10.1%
Grade 12 or GED	25.1%
College 1-3 years	14.6%
College degree or more	23.4%
Refused	1.1%
Employment Status	
Employed for wages	14.9%
Self-employed	3.2%
Out of work	0.1%
Homemaker	0.8%
Retired	71.2%
Unable to work	10.0%
Household Income	
Less than \$10,000	28.2%
\$10,000-\$14,999	11.6%
\$15,000-\$19,999	15.1%
\$20,000-\$24,999	6.9%
\$25,000-\$34,999	6.3%
\$35,000-\$49,999	5.5%
\$50,000-\$74,999	1.0%
\$75,000 or more	9.3%
Don't know	9.5%
Refused	6.7%

Percent of Educational Attainment by Age Groups, Sex and Race

<i>St. Louis City</i>	Less than High School	High School	More than High School	Refused
ALL	35.8%	25.1%	38.0%	1.1%
Age				
60-74	26.5%	32.1%	40.4%	1.0%
75+	58.4%	7.4%	32.8%	1.4%
Average Age	75.0	68.4	70.5	72.7
Sex				
Male	36.6%	15.0%	48.4%	0.0%
Female	35.3%	30.2%	32.8%	1.7%
Race				
White	29.9%	26.2%	43.9%	0.0%
Other	46.4%	23.1%	27.4%	3.2%

Percent of Household Income by Age Groups, Sex and Race

<i>St. Louis City</i>	Less than \$10,000	\$10,000-\$24,999	\$25,000+	Don't know/Refused
ALL	28.2%	33.6%	22.0%	16.2%
Age				
60-74	20.9%	34.7%	29.2%	15.2%
75+	48.1%	29.0%	4.3%	18.6%
Average Age	75.0	71.15	66.9	73.1
Sex				
Male	14.7%	30.6%	42.9%	11.8%
Female	35.0%	35.2%	11.7%	18.1%
Race				
White	27.4%	31.6%	27.2%	13.9%
Other	29.6%	37.4%	13.1%	19.8%
Living Arrangement				
Live alone	32.9%	29.8%	15.4%	22.0%
Married	15.7%	40.4%	34.4%	9.6%
Live with others	38.3%	31.4%	17.9%	12.4%

Data Tables

Health Status

St. Louis City	Percent	Persons
	100.0%	57,107
Self-rated health (Q1)		
Excellent	6.3%	3,598
Very Good	20.2%	11,536
Good	28.2%	16,104
Fair	34.4%	19,645
Poor	10.9%	6,225
Excellent, Very Good, Good	54.7%	31,238
Fair, Poor	45.3%	25,869
Limited in activities because of any impairment/health problem (Q94)		
Yes	49.90%	28,496
No	50.10%	28,611
Major impairment/health problem (Q95)		
Arthritis/Rheumatism	18.0%	10,279
Walking problem	9.1%	5,197
Eye/vision problem	6.1%	3,484
Heart problem	4.5%	2,570
Back/neck problem	2.3%	1,313
Fractures, bone/joint injury	2.0%	1,142
Stroke problem	2.0%	1,142
Lung/breathing problem	1.4%	799
Diabetes	1.1%	628
Hypertension/High blood press	0.4%	228
Cancer	0.2%	86
Depression/anxiety/emotional	0.2%	86
Other impairment/problem	2.7%	1,542
Have no impairment	50.1%	28,611
Have trouble learning, remembering, concentrating (Q96)		
Yes	10.3%	5,882
No	87.7%	50,083
Don't know/Refused	2.0%	1,142

Percent of Health Limitations by Selected Demographics

St. Louis City	Limited	Not Limited
ALL	49.9%	51.1%
Age		
60-74	46.8%	53.3%
75+	56.9%	43.1%
Average Age	73.0	71.6
Sex		
Male	48.9%	51.1%
Female	50.4%	49.6%
Race		
White	56.5%	43.5%
Other	38.0%	62.0%
Living Arrangement		
Living alone	49.3%	50.6%
Married	57.3%	42.7%
Living with others	38.2%	61.8%
Education		
< High School	50.1%	49.9%
High School	27.0%	73.1%
> High School	65.5%	34.6%
Income		
< \$10,000	60.3%	39.7%
\$10-\$24,999	48.9%	51.1%
\$25,000+	55.5%	44.5%
Don't know/Refused	26.0%	74.1%
Self-Rated Health		
Excellent	6.0%	94.0%
Very Good	28.7%	71.3%
Good	47.5%	52.5%
Fair	62.2%	37.8%
Poor	81.9%	18.2%

Health Status

<i>St. Louis City</i>	Percent	Persons	<i>St. Louis City</i>	Percent	Persons
	100.0%	57,107		100.0%	57,107
Days of poor physical health (Q2)			Days felt sad, blue or depressed (Q98)		
None	53.3%	30,438	None	64.2%	36,663
1-7 days/1 week	12.8%	7,310	1-7 days/1 week	17.8%	10,165
8-14 days/2 weeks	10.2%	5,825	8-14 days/2 weeks	1.1%	628
15-21 days/3 weeks	4.1%	2,341	15-21 days/3 weeks	2.4%	1,371
22-29 days/4 weeks	2.1%	1,199	22-29 days/4 weeks	0.0%	0
30 days/All month	12.7%	7,253	30 days/All month	10.5%	5,996
Don't know/Refused	4.8%	2,741	Don't know/Refused	4.0%	2,284
Days of poor mental health (Q3)			Days felt worried, tense or anxious (Q99)	14.5%	
None	79.1%	45,172	None	62.7%	35,806
1-7 days/1 week	7.1%	4,055	1-7 days/1 week	18.6%	10,622
8-14 days/2 weeks	0.2%	114	8-14 days/2 weeks	0.6%	343
15-21 days/3 weeks	4.6%	2,627	15-21 days/3 weeks	7.1%	4,055
22-29 days/4 weeks	0.2%	114	22-29 days/4 weeks	0.0%	0
30 days/All month	4.7%	2,684	30 days/All month	6.9%	3,940
Don't know/Refused	4.1%	2,341	Don't know/Refused	4.1%	2,341
Days poor physical/mental health limited activities (Q4)			Days did not get enough rest or sleep (Q100)		
None	73.4%	41,917	None	57.2%	32,665
1-7 days/1 week	14.4%	8,223	1-7 days/1 week	18.6%	10,622
8-14 days/2 weeks	0.9%	514	8-14 days/2 weeks	2.5%	1,428
15-21 days/3 weeks	0.6%	343	15-21 days/3 weeks	2.8%	1,599
22-29 days/4 weeks	0.0%	0	22-29 days/4 weeks	4.2%	2,398
30 days/All month	7.2%	4,112	30 days/All month	13.9%	7,938
Don't know/Refused	3.5%	1,999	Don't know/Refused	0.8%	457
Days where pain made it hard to do activities (Q97)			Days felt very healthy & full of energy (Q101)		
None	67.1%	38,319	None	20.7%	11,821
1-7 days/1 week	9.3%	5,311	1-7 days/1 week	8.9%	5,083
8-14 days/2 weeks	0.7%	400	8-14 days/2 weeks	7.1%	4,055
15-21 days/3 weeks	4.9%	2,798	15-21 days/3 weeks	7.8%	4,454
22-29 days/4 weeks	4.0%	2,284	22-29 days/4 weeks	9.2%	5,254
30 days/All month	10.3%	5,882	30 days/All month	41.5%	23,699
Don't know/Refused	3.6%	2,056	Don't know/Refused	4.8%	2,741

Data Tables

Health Status

<i>St. Louis City</i>	Percent	Persons
	100.0%	57,107
Participate in physical activities/exercise (Q123)		
Yes	41.1%	23,471
No	58.9%	33,636
Type of physical activity/exercise (Q124)		
Walking	26.6%	15,190
Home/Health Club exercise	5.8%	3,312
Aerobics class	2.5%	1,428
Gardening	2.3%	1,313
Calisthenics	0.3%	171
Skating	0.2%	114
Hunting	0.2%	114
Weight lifting	0.2%	114
Other	3.0%	1,713
None	58.9%	33,636
Distance usually walk/run (Q125)		
Do not walk/run/jog	73.4%	41,917
Less than 1 mile	7.8%	4,454
1 mile	8.1%	4,626
1.1-1.5 miles	5.0%	2,855
1.6-2.0 miles	3.7%	2,113
2.1-3.0 miles	1.9%	1,085
Don't know/Refused	0.1%	57
Frequency of physical activity/exercise (Q126)		
Do not participate	59.3%	33,864
Every day	3.0%	1,713
1-3 times a week	23.9%	13,649
4-6 times a week	6.2%	3,541
1-4 times a month	7.6%	4,340

<i>St. Louis City</i>	Percent	Persons
	100.0%	57,107
Duration of physical activity (Q127)		
Do not participate	58.9%	33,636
20 minutes or less	10.7%	6,110
21-30 minutes	8.1%	4,626
31-60 minutes	13.5%	7,709
1-2 hours	4.8%	2,741
More than 2 hours	0.9%	514
Don't know/Refused	3.2%	1,827
Flu shot in past year (Q91)		
Yes	56.3%	32,151
No	43.7%	24,956
Where received flu shot (Q92)		
A doctor's office or HMO	33.3%	19,017
A store	6.4%	3,655
Workplace	4.0%	2,284
Hospital/emergency room	3.6%	2,056
Senior, rec/community center	2.3%	1,313
Another type of clinic	2.2%	1,256
A health department	0.1%	57
Other	4.4%	2,513
Did not get a flu shot	43.7%	24,956
Had pneumonia vaccination (Q93)		
Yes	45.7%	26,098
No	50.4%	28,782
Don't know/Refused	3.9%	2,227

Functional Status: Activities of Daily Living

(Q5-Q33, Q46-Q49)	<i>EATING</i>		<i>BATHING</i>		<i>DRESSING/ GROOMING</i>		<i>TOILETING</i>	
<i>St. Louis City</i>	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	57,107	100.0%	57,107	100.0%	57,107	100.0%	57,107
Need help to do								
Without help	100.0%	57,107	95.7%	54,651	97.3%	55,565	99.1%	56,593
With help	0.0%	0	4.3%	2,456	2.7%	1,542	0.9%	514
Who helps								
No one	NA	NA	0.6%	343	0.0%	0	0.2%	114
Professional	NA	NA	2.2%	1,256	0.3%	171	0.0%	0
Spouse	NA	NA	0.0%	0	0.0%	0	0.7%	400
Other family member	NA	NA	0.8%	457	2.0%	1,142	0.0%	0
Non-relative	NA	NA	0.8%	457	0.0%	0	0.0%	0
Other	NA	NA	0.0%	0	0.4%	228	0.0%	0
Do not need help	NA	NA	95.7%	54,651	97.3%	55,565	99.1%	56,593
Enough help								
All/Most of the time	NA	NA	2.1%	1,199	1.9%	1,085	0.0%	0
Some of the time/Seldom	NA	NA	1.2%	685	0.8%	457	0.7%	400
Never	NA	NA	0.4%	228	0.0%	0	0.0%	0
Have no help	NA	NA	0.6%	343	0.0%	0	0.2%	114
Do not need help	NA	NA	95.7%	54,651	97.3%	55,565	99.1%	56,593

	<i>GETTING IN/OUT OF BED</i>		<i>WALKING</i>		<i>GETTING AROUND HOUSE</i>		<i>GETTING OUTDOORS</i>	
<i>St. Louis City</i>	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	57,107	100.0%	57,107	100.0%	57,107	100.0%	57,107
Need help to do								
Without help	99.1%	56,593	78.2%	44,658	96.3%	54,994	87.3%	49,854
With help	0.9%	514	21.8%	12,449	3.7%	2,113	12.7%	7,253
Who helps								
No one	0.0%	0	4.6%	2,627	0.3%	171	1.2%	685
Professional	0.0%	0	0.5%	286	0.0%	0	1.6%	914
Spouse	0.0%	0	0.0%	0	0.7%	400	0.0%	0
Other family member	0.7%	400	0.8%	457	0.0%	0	6.0%	3,426
Non-relative	0.0%	0	0.0%	0	0.0%	0	1.8%	1,028
Other	0.2%	114	15.9%	9,080	2.7%	1,542	2.1%	1,199
Do not need help	99.1%	56,593	78.2%	44,658	96.3%	54,994	87.3%	49,854
Enough help								
All/Most of the time	0.9%	514	15.9%	9,080	2.3%	1,313	8.8%	5,025
Some of the time/Seldom	0.0%	0	0.9%	514	0.7%	400	2.3%	1,313
Never	0.0%	0	0.4%	228	0.4%	228	0.4%	228
Have no help	0.0%	0	4.6%	2,627	0.3%	171	1.2%	685
Do not need help	99.1%	56,593	78.2%	44,658	96.3%	54,994	87.3%	49,854

Data Tables

Functional Status: Instrumental Activities of Daily Living (IADLs)

(Q34-Q45, Q50-Q65)	NORMAL HOUSEWORK		HEAVY CLEANING		USING THE TELEPHONE		SHOPPING	
St. Louis City	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	57,107	100.0%	57,107	100.0%	57,107	100.0%	57,107
Need help to do								
Without help	77.4%	44,201	54.6%	31,180	99.8%	56,993	75.3%	43,002
With help	22.6%	12,906	45.4%	25,927	0.2%	114	24.7%	14,105
Who helps								
No one	2.4%	1,370	5.5%	3,141	0.0%	0	0.0%	0
Professional	3.3%	1,885	3.7%	2,113	0.0%	0	1.6%	914
Spouse	0.8%	457	1.7%	971	0.0%	0	0.8%	457
Other family member	4.7%	2,684	14.5%	8,281	0.2%	114	15.6%	8,909
Non-relative	7.0%	3,997	13.1%	7,481	0.0%	0	6.3%	3,598
Other	4.3%	2,456	6.9%	3,940	0.0%	0	0.4%	228
Do not need help	77.4%	44,201	54.6%	31,180	99.8%	56,993	75.3%	43,002
Enough help								
All/Most of the time	17.8%	10,165	29.0%	16,561	0.0%	0	19.1%	10,907
Some of the time/Seldom	2.0%	1,142	10.3%	5,882	0.2%	114	5.6%	3,198
Never	0.4%	228	0.4%	228	0.0%	0	0.0%	0
Don't know/Refused	0.0%	0	0.3%	171	0.0%	0	0.0%	0
Have no help	2.4%	1,371	5.5%	3,141	0.0%	0	0.0%	0
Do not need help	77.4%	44,201	54.6%	31,180	99.8%	56,993	75.3%	43,002

	PREPARING MEALS		TAKING MEDICATIONS		MANAGING MONEY	
St. Louis City	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	57,107	100.0%	57,107	100.0%	57,107
Need help to do						
Without help	92.7%	52,938	96.7%	55,222	88.0%	50,254
With help	7.3%	4,169	3.3%	1,885	12.0%	6,853
Who helps						
No one	0.0%	0	0.9%	514	0.0%	0
Professional	0.8%	457	0.2%	114	2.0%	1,142
Spouse	0.7%	400	0.8%	457	0.0%	0
Other family member	5.4%	3,084	0.7%	400	10.0%	5,711
Non-relative	0.0%	0	0.0%	0	0.0%	0
Other	0.4%	228	0.8%	457	0.0%	0
Do not need help	92.7%	52,938	96.7%	55,222	88.0%	50,254
Not asked	NA	NA	0.0%	0	NA	NA
Enough help						
All/Most of the time	7.0%	3,997	2.4%	1,371	10.6%	6,053
Some of the time/Seldom	0.4%	228	0.0%	0	1.2%	685
Never	0.0%	0	0.0%	0	0.2%	114
Have no help	0.0%	0	0.9%	514	0.0%	0
Do not need help	92.7%	52,938	96.7%	55,222	88.0%	50,254
Not asked	NA	NA	0.0%	0	NA	NA

Service Awareness and Use

St. Louis City	Percent	Persons	St. Louis City	Percent	Persons
	100.0%	57,107		100.0%	57,107
Talk to about getting help with personal care (Q66)			Home-delivered meals available in community (Q68)		
Child/Family	22.5%	12,849	Yes	65.9%	37,634
Spouse	3.2%	1,827	No	4.5%	2,570
Physician	17.9%	10,222	Don't know/Refused	29.7%	16,961
Social service agency	6.7%	3,826	Need/Receiving home-delivered meals (Q69-Q70)		
Other relative	6.6%	3,769	Need it & am not receiving it	4.0%	2,284
Friend/Neighbor	7.1%	4,055	Need it & am receiving it	2.3%	1,313
Clergy/Minister/Priest/Rabbi	0.5%	286	Do not need this service	93.7%	53,509
Other	5.0%	2,855	Why not receiving home-delivered meals (Q71)		
No one else, decide by myself	5.0%	2,855	Not available	0.2%	114
Does not need assistance	0.7%	400	Service doesn't meet needs	0.2%	114
Don't know/Refused	24.8%	14,163	Other	3.0%	1,713
Talk to about getting help with day-to-day activities (Q67)			Don't know/Refused	0.7%	400
Child/Family	25.3%	14,448	Am receiving service	2.3%	1,313
Spouse	6.6%	3,769	Do not need service	93.7%	53,509
Social service agency	5.7%	3,255	Provide with enough meals (Q72)		
Physician	9.8%	5,596	Yes	1.9%	1,085
Friend/Neighbor	11.7%	6,682	No	0.4%	228
Other Relative	6.0%	3,426	Not receiving this service	4.0%	2,284
Clergy/Minister/Priest/Rabbi	0.5%	286	Do not need service	93.7%	53,509
Other	13.2%	7,538	Concerned about having enough food (Q142)		
No one else, decide by myself	4.1%	2,341	Yes	10.1%	5,768
Does not need assistance	0.7%	400	No	89.5%	51,111
Don't know/Refused	16.4%	9,366	Don't know/Refused	0.4%	228
Agency would contact about aging services in community (Q88)					
MO Division of Senior Services	22.1%	12,621			
Area Agency on Aging	8.4%	4,797			
Local Senior Center	3.8%	2,170			
MO Div of Family Services	1.9%	1,085			
MO Dept of Health	1.7%	971			
Other	15.2%	8,680			
Don't know	46.9%	26,783			
Aware of toll-free number for information and referral (Q89)					
Yes	25.8%	14,734			
No	73.9%	42,202			
Don't know	0.3%	171			

Data Tables

Service Awareness and Use

Percent Aware of, Receiving & Needing Home-Delivered Meals by Selected Demographics

<i>St. Louis City</i>	Aware	Receiving	Unmet Need
All	65.9%	2.3%	4.0%
Age			
60-74	62.0%	0.8%	2.4%
75+	75.2%	6.2%	10.0%
Average Age	72.3	80.0	76.7
Sex			
Male	59.8%	4.0%	4.6%
Female	69.0%	1.4%	4.3%
Race			
White	67.0%	0.0%	4.1%
Other	63.7%	6.3%	4.9%
Income			
< \$10,000	67.9%	2.7%	8.9%
\$10-\$24,999	68.9%	0.4%	1.5%
\$25,000+	65.6%	4.4%	0.9%
Don't know/Refused	56.5%	2.3%	7.8%
Living Arrangement			
Live alone	62.0%	2.0%	7.9%
Married	67.9%	0.0%	0.0%
Live with others	72.2%	6.9%	3.6%

Percent Aware Of & Go To Senior Center by Selected Demographics

<i>St. Louis City</i>	Aware	Go To
ALL	50.3%	7.9%
Age		
60-74	50.1%	6.1%
75+	49.8%	12.8%
Average Age	72.3	75.8
Sex		
Male	65.9%	15.3%
Female	42.4%	4.2%
Race		
White	51.0%	8.7%
Other	49.1%	6.5%
Income		
< \$10,000	41.6%	5.2%
\$10-\$24,999	55.5%	13.3%
\$25,000+	54.3%	0.0%
Don't know/Refused	49.5%	12.4%
Living Arrangement		
Live alone	54.3%	10.5%
Married	38.8%	7.6%
Live with others	60.8%	2.0%

<i>St. Louis City</i>	Percent	Persons
	100.0%	57,107
Senior center in community (Q73)		
Yes	50.3%	28,725
No	10.2%	5,825
Don't know/Refused	39.5%	22,557
Go to a Senior Center (Q74)		
Yes	7.9%	4,511
No	92.1%	52,596
Why not go to a Senior Center (Q75)		
Don't need services offered	9.6%	5,482
Not interested in services	8.1%	4,626
Not convenient	3.1%	1,770
No transportation	2.5%	1,428
Not old enough to go	1.0%	571
Other	17.9%	10,222
Don't know	0.3%	171
Not available	49.7%	28,382
I go to a Senior Center	7.9%	4,511

Service Awareness and Use

<i>St. Louis City</i>	Percent	Persons
	100.0%	57,107
Assistance filling out forms available in community (Q76)		
Yes	48.6%	27,754
No	7.6%	4,340
Don't know/Refused	43.8%	25,013
Need/Receiving assistance with forms (Q77-Q78)		
Need it & am not receiving it	2.0%	1,142
Need it & am receiving it	10.2%	5,825
Not need it but am receiving	2.7%	1,542
Do not need this service	33.7%	19,245
Not asked	51.4%	29,353
Why not receiving assistance with forms (Q79)		
Don't know	2.0%	1,142
Receiving assistance with forms	13.0%	7,424
Don't need service	33.7%	19,245
Not asked	51.4%	29,354

Percent Receiving & Needing Assistance Filling Out Forms by Selected Demographics

<i>St. Louis City</i>	Avail-able	Receiving	Unmet Need
ALL	48.6%	26.7%	4.1%
Age			
60-74	47.2%	17.5%	5.8%
75+	53.5%	47.9%	0.0%
Average Age	71.5	75.8	71.0
Sex			
Male	45.4%	5.7%	0.0%
Female	50.8%	36.3%	6.0%
Race			
White	48.2%	28.8%	6.4%
Other	49.3%	23.0%	0.0%
Income			
< \$10,000	49.9%	57.1%	14.1%
\$10-\$24,999	58.1%	18.0%	0.0%
\$25,000+	46.9%	4.7%	0.0%
Don't know/Refused	31.4%	19.7%	0.0%
Living Arrangement			
Live alone	39.9%	35.0%	0.0%
Married	43.8%	5.3%	0.0%
Live with others	80.4%	36.2%	13.0%

Note: Percentages for **Receiving** & **Unmet Need** are based on those who were asked the question.

<i>St. Louis City</i>	Percent	Persons
	100.0%	57,107
How often lack of transportation a problem (Q80)		
Always	2.5%	1,428
Nearly always	6.2%	3,541
Sometimes	9.1%	5,197
Seldom	13.8%	7,881
Never	68.5%	39,118
How often need to use public transportation (Q81)		
Always	12.9%	7,367
Nearly always	3.5%	1,999
Sometimes	8.6%	4,911
Seldom	21.6%	12,335
Never	53.3%	30,438
Don't know/Refused	0.1%	57
Public transportation system available (Q82)		
Yes	80.4%	45,914
No	10.9%	6,225
Don't know	8.7%	4,968
Public transportation meet all transportation needs (Q83)		
Yes	28.5%	16,275
No	7.9%	4,511
Don't use public transportation	63.6%	36,320
Why public transportation doesn't meet all needs (Q84)		
Day/Hour/Timing of service	2.5%	1,428
Destination outside area served	2.4%	1,371
Physically unable to get to	0.1%	57
Other	2.9%	1,656
Use public trans/meets needs	28.5%	16,275
Don't use public transportation	63.6%	36,320

Data Tables

Service Awareness and Use

Percent For Whom Lack of Transportation is a Problem Always, Nearly Always or Sometimes by Selected Demographics

<i>St. Louis City</i>	Lack of transportation is a problem
ALL	17.7%
Age	
60-74	12.7%
75+	31.4%
Average Age	73.6
Sex	
Male	11.8%
Female	20.7%
Race	
White	16.1%
Other	20.6%
Income	
< \$10,000	32.9%
\$10-\$24,999	13.8%
\$25,000+	4.4%
Don't know/Refused	17.8%
Living Arrangement	
Live alone	21.7%
Married	3.6%
Live with others	32.7%

<i>St. Louis City</i>	Percent	Persons
	100.0%	57,107
Transportation service available where can call in advance (Q85)		
Yes	70.6%	40,318
No	8.9%	5,083
Don't know	20.5%	11,707
Transportation service meet all transportation needs (Q86)		
Yes	12.2%	6,967
No	1.2%	685
Don't use a service	86.6%	49,455
Why transportation service doesn't meet all needs. (Q87)		
Day/Hour/Timing of service	0.2%	114
Other	1.0%	571
Use service & meets my needs	12.2%	6,967
Don't use service	86.6%	49,455
Need a daily check by someone (Q138-Q139)		
Need it & am not receiving it	0.7%	400
Need it & am receiving it	12.1%	6,910
Do not need this service	86.8%	49,569
Don't know/Refused	0.4%	228

Percent Receiving & Needing a Daily Check by Selected Demographics

<i>St. Louis City</i>	Receive	Unmet Need
ALL	3.9%	1.6%
Age		
60-74	1.6%	0.3%
75+	4.6%	3.7%
Average Age	77.4	77.2
Sex		
Male	0.8%	0.4%
Female	4.1%	2.3%
Race		
White	2.8%	1.5%
Other	13.1%	1.9%
Income		
< \$10,000	4.5%	0.0%
\$10-\$24,999	2.6%	2.4%
\$25,000+	1.2%	0.9%
Don't know/Refused	4.0%	1.8%
Living Arrangement		
Live alone	6.3%	2.1%
Married	1.0%	1.3%
Live with others	3.6%	0.0%

Health Care

St. Louis City	Percent	Persons	St. Louis City	Percent	Persons
	100.0%	57,107		100.0%	57,107
Health coverage use to pay for most of medical care (Q117-120)			Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicaid (Q122c)		
Medicare	76.9%	43,915	Yes	0.4%	228
Through your employer	7.0%	3,997	No	99.6%	56,879
Through someone else's employer	0.2%	114	Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicare (Q122d)		
A plan that you buy on your own	5.0%	2,855	Yes	2.9%	1,656
Some other source	2.8%	1,599	No	97.1%	55,451
Military, CHAMPUS, TriCare	1.8%	1,028	Time during the last 12 months when needed to see a doctor but could not because of limited hours/days service is available (Q122e)		
Medicaid or Medical Assistance	0.8%	457	Yes	4.7%	2,684
None	4.6%	2,627	No	95.3%	54,423
Don't know/Refused	0.9%	514	Time during the last 12 months when needed to see a doctor but could not take time off work (Q122f)		
Time during the last 12 months when needed to see a doctor but could not because of the cost (Q121)			Yes	0.9%	514
Yes	6.4%	3,655	No	99.1%	56,593
No	93.6%	53,452	Time during the last 12 months when needed to see a doctor but could not because of other reasons (Q122g)		
Time during the last 12 months when needed to see a doctor but could not because of the lack of transportation (Q122a)			Yes	0.7%	400
Yes	3.3%	1,885	No	99.3%	56,707
No	96.7%	55,222			
Time during the last 12 months when needed to see a doctor but could not because could not get an appointment (Q122b)					
Yes	3.5%	1,999			
No	96.5%	55,108			

Health Care Coverage by Age Groups, Race and Income

St. Louis City	Medicare	Through Employer	Other	Have no coverage
ALL	76.9%	7.2%	10.4%	4.6%
Age				
60-74	72.2%	10.0%	13.2%	3.6%
75+	88.6%	0.0%	3.4%	7.3%
Race				
White	75.4%	14.0%	6.5%	6.2%
Other	82.8%	3.4%	9.6%	1.6%
Income				
< \$10,000	86.6%	0.0%	13.4%	0.0%
\$10,000+	70.6%	12.8%	12.0%	4.6%
Don't know/Refused	81.7%	0.0%	0.0%	12.4%

Data Tables

Social Support

<i>St. Louis City</i>	Percent	Persons
	100.0%	57,107
Talk on the telephone (Q132)		
Every day	65.4%	37,348
Several times a week	13.0%	7,424
Once a week	6.8%	3,883
Less than once a week	10.2%	5,825
Almost never	2.9%	1,656
Don't know/Refused	1.8%	1,028
Visit someone who does not live with you (Q133)		
Every day	13.6%	7,767
Several times a week	34.4%	19,645
Once a week	15.9%	9,080
Less than once a week	19.6%	11,193
Almost never	15.4%	8,794
Don't know/Refused	1.1%	628
Number of close friends who would help with emotional problems (Q134)		
None	10.6%	6,053
One	11.0%	6,282
Two	18.0%	10,279
Three or more	50.2%	28,668
Don't know/Refused	10.2%	5,825
Someone who would care for you (Q135)		
Yes	68.0%	38,833
No	30.3%	17,303
Don't know/Refused	1.7%	971
Length of time could provide care (Q136)		
No one to care for me	30.3%	17,303
As long as needed	29.4%	16,789
Only for a short time	11.9%	6,796
Only now and again	9.9%	5,654
Don't know/Refused	16.8%	9,594
Relationship to caregiver (Q137)		
No one to care for me	30.3%	17,303
Spouse	4.6%	2,627
Child	29.9%	17,075
Grandchild	0.5%	286
Other relative	6.1%	3,484
Friend/Neighbor	7.0%	3,997
Other	1.4%	799
Don't know/Refused	3.5%	1,999

<i>St. Louis City</i>	Percent	Persons
	100.0%	57,107
Other(s) in household limited by impairment/health problem (Q140)		
Yes	22.1%	12,621
No	30.2%	17,246
No others in household	47.7%	27,240
Caregiver for another person (Q141)		
Yes	14.4%	8,223
No	37.1%	21,187
Refused	0.8%	457
No others in household	47.7%	27,240
Preference if needed help at home (Q143)		
In-home service agency	42.3%	24,156
Find and hire by oneself	28.3%	16,161
Don't know/Refused	29.4%	16,789

Percent with No Possible Caregiver

<i>St. Louis City</i>	No Caregiver
ALL	30.3%
Age	
60-74	36.4%
75+	15.2%
Sex	
Male	19.7%
Female	35.7%
Race	
White	38.5%
Other	15.5%
Income	
Less than \$10,000	34.1%
\$10,000+	27.3%
Fair or Poor Health	
Yes	42.2%
No	20.5%
Functionally Limited	
Yes	37.6%
No	22.4%
Living Arrangement	
Live alone	36.3%
Married	37.5%
Live with others	2.7%

Social Support

<i>St. Louis City</i>	Percent	Persons
	100.0%	57,107
Own or rent (Q129)		
Own	72.1%	41,174
Rent	26.9%	15,362
Other	0.9%	514
Don't know/Refused	0.2%	114
Type of housing (Q130)		
House	63.9%	36,491
Apartment	23.4%	13,363
Condo	5.6%	3,198
Duplex	1.9%	1,085
Retirement home	2.4%	1,371
Other	2.8%	1,599
Time lived at current residence (Q131)		
1-5 months	3.2%	1,827
6-11 months	2.6%	1,485
12-23 months	4.3%	2,456
2 or more years	89.5%	51,111
Refused	0.4%	228
Considering moving to a place where can get more help (Q144)		
Within the next six months	0.6%	343
Within one year	0.5%	286
Sometime in the future	13.8%	7,881
Not considering moving	83.0%	47,399
Don't know/Refused	2.1%	1,199
Neighborhood safe from crime (Q128)		
Extremely safe	7.8%	4,454
Quite safe	48.4%	27,640
Slightly safe	32.4%	18,503
Not at all safe	9.9%	5,654
Don't know/Refused	1.5%	857

<i>St. Louis City</i>	Percent	Persons
	100.0%	57,107
Discriminated against because of age (Q145)		
Most of the time	1.0%	571
Some of the time	7.5%	4,283
Seldom	6.7%	3,826
Never	79.4%	45,343
Don't know/Refused	5.4%	3,084
Discriminated against because of race (Q146)		
Most of the time	0.0%	0
Some of the time	4.7%	2,684
Seldom	3.2%	1,827
Never	88.3%	50,425
Don't know/Refused	3.8%	2,170
Racial or ethnic discrimination prevented receipt of needed services (Q147)		
Yes	0.5%	286
No	7.3%	4,169
Don't know/Refused	0.1%	57
No discrimination	92.1%	52,596
Know of elder abuse/neglect in community (Q148)		
Yes	2.5%	1,428
No	96.6%	55,165
Don't know/Refused	0.9%	514
Kind of abuse/neglect (Q149) (More than one response accepted)		
Physical	2.2%	1,256
Emotional	0.2%	114
Financial	2.5%	1,428
Do not know of any abuse	97.5%	55,679
Aware of abuse/neglect hotline (Q90)		
Yes	32.2%	18,388
No	66.7%	38,090
Don't know/Refused	1.1%	628

Missouri Information & Referral Network

Website: www.dhss.state.mo.us/Senior_Services/index.html

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**2000 Missouri Older Adult Needs Assessment
Central Region**

**Missouri Area Agencies on Aging
Missouri Department of Health and Senior Services**

March 2003

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Population

- As the “baby boom” generation begins to gray, the older population is expected to double in the United States over the next 30 years.
- Missouri’s 65 and older population has increased 5% from 1990 to 2000; the 85+ age group increased 21%. The older population in the Central region has had a greater rate of growth than the state: the 65+ population has increased 10%, and the 85+ group has grown 26% from 1990 to 2000.
- The age of seniors surveyed ranges in years from 60 to 96, with an average of 71 years. The women are on average older than the men surveyed, reflecting the longer life expectancy of females.
- Marital status and living arrangement are closely linked to an older adult’s income, health status and the availability of caregivers. Marital status and living arrangement vary among age, sex and race. As age increases, the number of seniors living alone significantly increases. Men are more likely than women to be married at every age level. Seniors of a minority race are more likely than white seniors to be living with others.
- Household income decreases as age increases. Women are more likely than men to report incomes under \$10,000, a function of a women’s lifelong economic dependency on her spouse and her greater likelihood of widowhood.

Health Status

- Self-rated health is a simple but informative summary measure of health. Almost 69% of seniors assess their health as good, very good or excellent; 30.5% feel their health is fair or poor. As age increases, negative health evaluations increase.

- Self-rated health differs by socioeconomic indicators. The more education received, and the higher the reported income, the better the health rating.
- Over one-fourth of seniors, 27%, are limited in activities because of an impairment or health problem.

Functional Status

- Functional limitation and whether a person receives assistance serve as key indicators of an older person’s ability to live independently and remain in the community. Over one-third of seniors, 38.5%, need help in performing one or more everyday activities. Functional limitations increase with age. Women are more likely than men to need assistance with their activities of daily living.
- The majority of seniors are receiving the necessary help with their everyday activities, most often aided by family members. Yet, 13% are not getting help or need more help. Walking, dressing and toileting are the most likely activities of daily living (ADLs) where assistance is not being received. Heavy house cleaning is the instrumental activity of daily living (IADL) need that most often goes unmet.

Service Awareness and Use

- Most seniors will talk with their families when they need someone to help with their personal care or day-to-day activities. There is a substantial number of elders though who do not know who they would speak with when they need help.
- One-third of older adults would contact the Division of Senior Services or a local Senior Center to find out about aging services in their community; 36% do not know which agency to contact. Over one-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services.

Highlights

- Three-fourths of seniors are aware of home-delivered meals; 8% report receiving either home delivered meals or meals on wheels. Two percent feel they need meals but are not having them delivered, or believe the service they receive doesn't provide them with enough meals.
- The majority of older adults, 84%, know of a senior center in their community where they can go to eat meals and participate in activities. Almost one-fourth of older adults, 21%, visit a center in their community.
- Assistance filling out Medicare, insurance or other forms is thought to be available in the community by half of seniors. Eighteen percent receive this help; another 1% could use help with their forms.
- Lack of transportation is a problem for almost 6% of older adults. The problem becomes greater as adults get older.
- Five percent of seniors report needing to use a public transportation system, and for the majority who use public transportation, it meets all their needs.
- Three-fourths are aware of a transportation service where you can call in advance. Eleven percent report using this service, and for most it meets all their transportation needs.
- Over 90% of elders do not need a daily check by someone to be sure they are okay. Three percent receive such a check; 2% feel they need it but are not receiving it.

Health Care

- Medicare is the most common health care coverage for those age 65 and older. The youngest old, 60 to 64, are most likely to be covered by their own or someone else's employer.
- Four percent of seniors, an estimated 3,840

persons, report having no health insurance. The majority of the uninsured are under the age of 65.

- Not being able to get an appointment, cost, and limited service times are the most often cited reasons for not being able to see a doctor when needed.

Social Support

- Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. Most seniors, 93%, talk on the telephone at least weekly. Face-to-face interactions occur less frequently but still 83% manage to visit someone outside their home at least once a week.
- Twelve percent of older adults, or an estimated 12,870 persons, have no one who would care for them if they became sick or disabled. The percentage increases significantly with age. For those who have a potential caregiver, it is most likely to be a family member and someone who is able to care for them as long as needed.
- Around 86% of older adults own their home, 82% live in a house and 92% have lived at their current residence for two years or more. The majority, 94%, consider their neighborhoods to be extremely or quite safe from crime.
- Most older adults have never been discriminated against in the past year because of their age (88%) or their race (96%).

- Only two percent of seniors are aware of older adults in their community who have been abused or neglected. Over one-third are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

Since 1900 the percentage of Americans age 65 and older has more than tripled. The older population will continue to grow significantly and is expected to double over the next 30 years as the "baby boom" generation begins to "gray".¹ The fastest growing segment of the older population is the group 85 years old and older.

Missouri's age 65 and older population has increased 5% from 1990 to 2000. Consistent with the nation, Missouri's 85+ age population has had the greatest rate of growth among age cohorts in the state, increasing 21% over the last 10 years.² The older population in the Central region (see pg. 5) has had a greater rate of growth than the state: the age 65 and older population has increased 10%, and the 85+ age cohort has grown 26%, from 1990 to 2000.³

In America, and in Missouri as well, one can expect to spend a significant number of years in old age. Quality of life in later years is directly influenced by an older person's health and level of physical and cognitive functioning. Good health, the ability to live independently in the community and affordable health care are concerns not only for the older person but for society as a whole. Younger persons who care for their aging relatives face financial and emotional challenges. For society, the financing of health care services for seniors is a significant outlay of resources.⁴

In order to effectively address the needs of the older population in Missouri, quality data are needed for assessing functional status, health behaviors and needed assistance. The Missouri Department of Health and Senior Services (formerly the Department of Health and the Division of Aging within the Department of Social Services) and the ten Missouri Area Agencies on Aging (AAA) have conducted a statewide study of older adults, 60 years of age or older, and have targeted minority populations. Analysis of this information will serve as a foundation for program policies to address the needs of this growing population and to improve the quality of life for Missouri's seniors.

Survey Design and Administration

The Missouri Department of Health and Senior Services (DHSS), Division of Chronic Disease Prevention and Health Promotion (CDPHP) designed the needs assessment study, developed the survey questionnaire and conducted the telephone interviews. There were two phases to the study. The first phase sampled the entire state. The second phase targeted minority populations in metro Kansas City, metro St. Louis and the Bootheel region.

The statewide study was designed to provide statewide representation of the population age 60 and older. A disproportionate stratified random sample was used, stratifying by regions that roughly correspond to DHSS districts. This report covers the Central region (See Sampling Regions, pg. 5).

Trained interviewers from the CDPHP placed the calls and interviewed only respondents age 60 or older. Proxy respondents were allowed if the respondent was unable to speak on the telephone because of a hearing problem or physical disability. Interviewing occurred June 23, 2000 through March 8, 2001. A total of 2,757 surveys were completed for the statewide study; 387 surveys were conducted in the Central region.

Analysis

The CDPHP has applied the Behavioral Risk Factor Surveillance System (BRFSS) weighting formula to all data collected.⁵ Weighting allows for controlling all known sources of bias and a regional stratification adjustment and post-stratification weight to compensate for non-response and non-coverage of households without telephones. Upon weighting, sample proportions of selected demographic characteristics equal the estimated sample proportions of the population, and the sample size equals Missouri's age 60 and older, non-institutionalized population based on 1990 Census data.

To arrive at population estimates based on 2000 Census data, sample percentages have been applied to the age 60 and older population obtained

Introduction

from the 2000 Census, excluding an estimate of the age 65+ institutionalized population. The institutionalized, age 65+ population from the 2000 Census is not yet available on a county level so an estimate of this population for the Central region has been determined using the following methodology. Statewide, 50% of the institutionalized population is age 65 or older; it has been assumed that 50% of the region's institutionalized population is also age 65 or older. Half of the institutionalized population has then been deducted from the age 65 and older population, with the resulting total added to the age 60-64 population to arrive at the regional estimate. This estimate has been used as the basis to provide further estimates of certain populations, as noted throughout the report and in the Data Tables section starting on page 22.

Chi-square tests and t-tests were conducted at the 95% confidence level to determine statistically significant differences. Where noted in the report, a significant difference means statistical significance at the 95% confidence level.

Population Estimate for the Central Region	
65+ population	85,930
- 50.283% of institutionalized population	9,537
Estimated 65+, non-institutionalized population	76,393
+ 60-64 population	27,413
Estimated 60+, non-institutionalized population	103,806

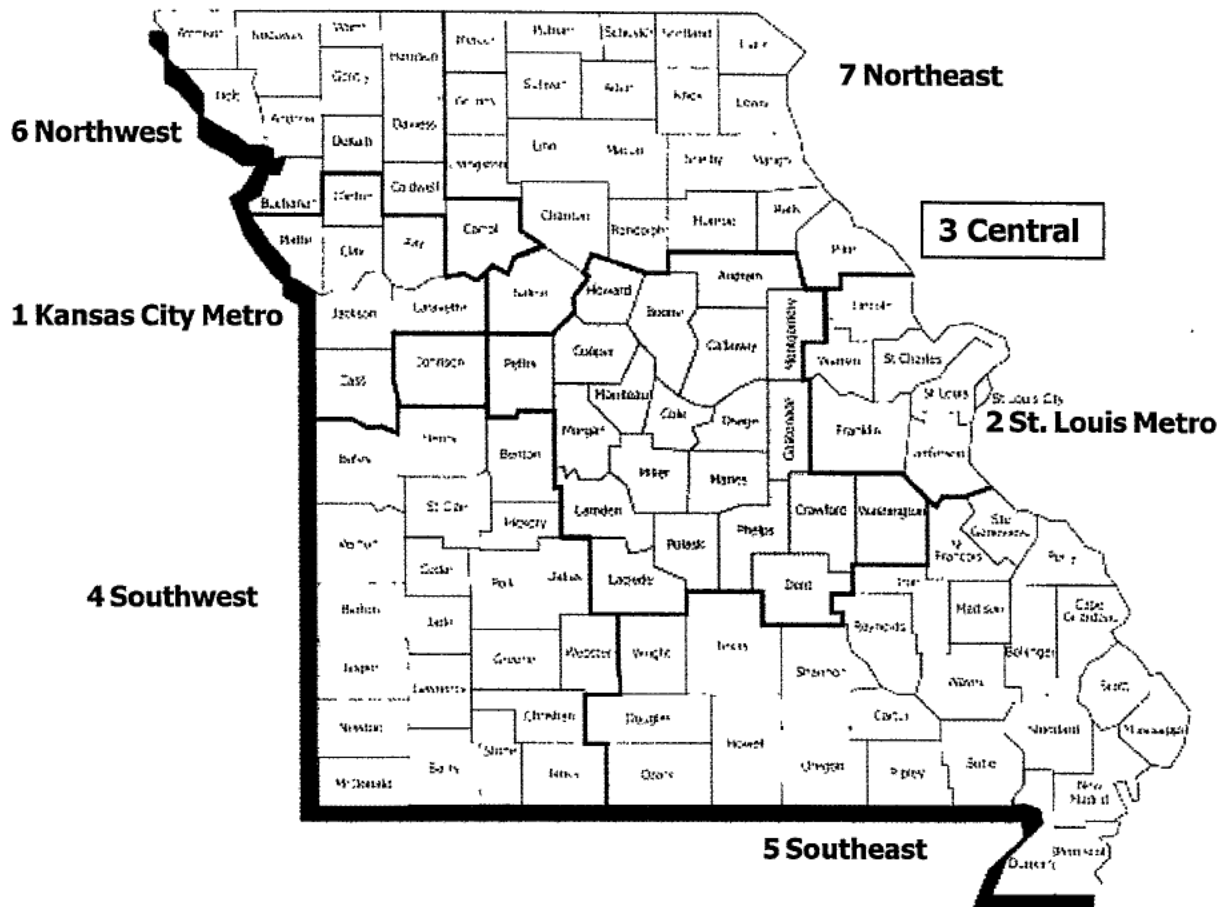
Report Organization

This report is a summary of the data collected from the statewide study for the Central region. The first section details selected demographic characteristics of the surveyed older population. The second section covers health status measures and health habits while section three presents measures of functional status. The fourth section explains awareness and usage of selected community aging services. Section five highlights health care coverage and the last section covers issues regarding social activity, caregiving, discrimination, abuse and neglect, and neighborhood safety. At the end of the report is a section of data tables that provides supporting data for the report and population estimates based on the 2000 U.S. Census non-institutionalized, age 60 and older population.

References

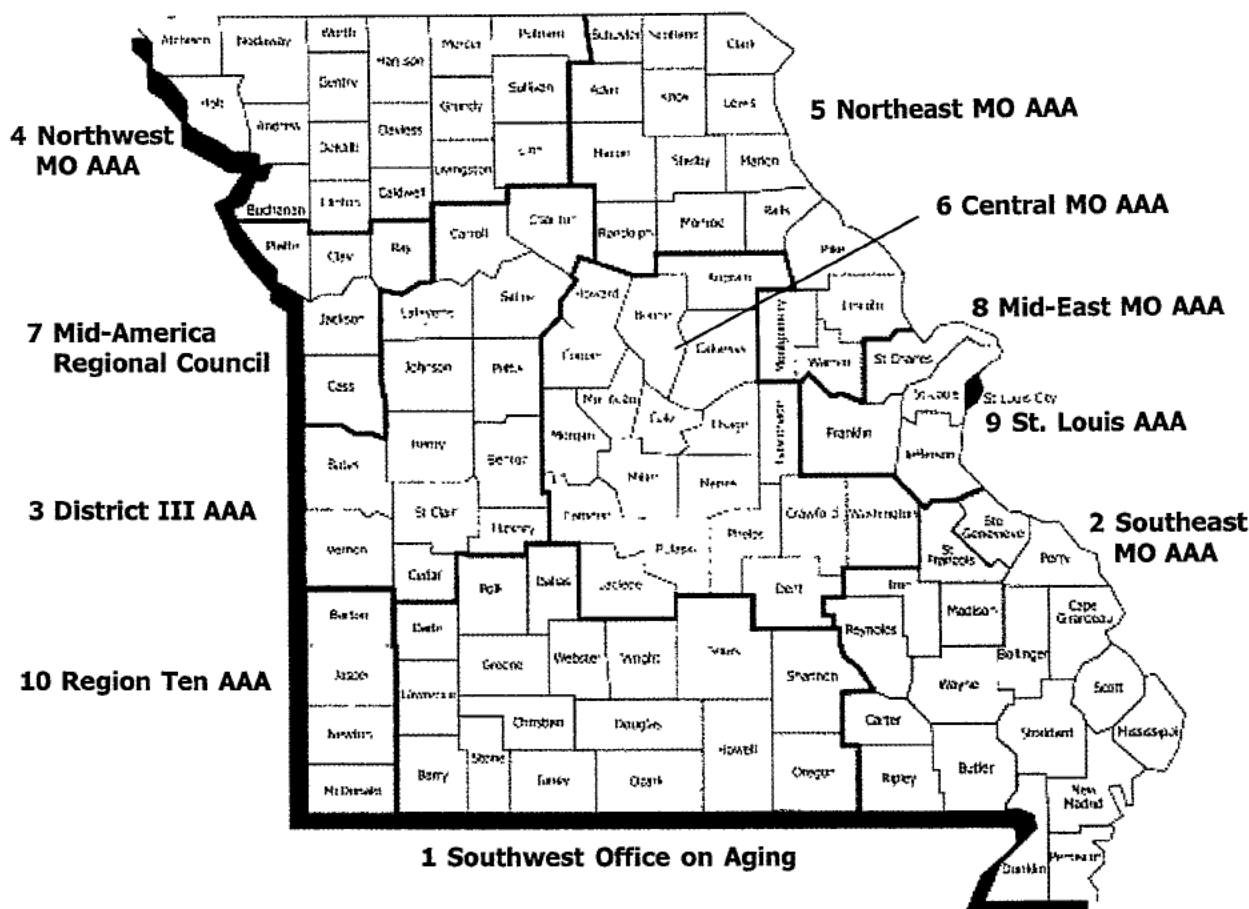
- ¹ A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services
- ² Regional Profiles, OSEDA-Office of Social and Economic Data Analysis, www.oseda.missouri.edu/regional_profiles/pchseniorpop_1990_2000.html
- ³ Basic Demographic Profile Trend Report 1990-2000, Missouri Census Data Center, www.mcdc.missouri.edu
- ⁴ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.
- ⁵ National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Factor Surveillance System, www.cdc.gov/nccdphp/brfss/, Frequently Asked Questions (FAQs)

Sampling Regions



- 1 Cass, Clay, Clinton, Jackson, Lafayette, Platte, Ray
- 2 Franklin, Jefferson, Lincoln, St. Louis City, St. Louis County, St. Charles, Warren
- 3 Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Washington
- 4 Barry, Barton, Bates, Benton, Cedar, Christian, Dade, Dallas, Greene, Henry, Hickory, Jasper, Lawrence, McDonald, Newton, Polk, St. Clair, Stone, Taney, Vernon, Webster
- 5 Bollinger, Butler, Cape Girardeau, Carter, Douglas, Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Reynolds, Ripley, Ste. Genevieve, St. Francois, Scott, Shannon, Stoddard, Texas, Wayne, Wright
- 6 Andrew, Atchison, Buchanan, Caldwell, Carroll, Daviess, DeKalb, Gentry, Harrison, Holt, Johnson, Nodaway, Worth
- 7 Adair, Chariton, Clark, Grundy, Knox, Lewis, Linn, Livingston, Macon, Marion, Mercer, Monroe, Pike, Putnam, Ralls, Randolph, Saline, Scotland, Schuyler, Shelby, Sullivan

Area Agency on Aging Regions



- 1 Barry, Christian, Dade, Dallas, Douglas, Greene, Howell, Lawrence, Oregon, Ozark, Polk, Shannon, Stone, Taney, Texas, Webster, Wright
- 2 Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Perry, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Stoddard, Wayne
- 3 Bates, Benton, Carroll, Cedar, Chariton, Henry, Hickory, Johnson, Lafayette, Pettis, Saline, St. Clair, Vernon
- 4 Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Putnam, Sullivan, Worth
- 5 Adair, Clark, Knox, Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Randolph, Schuyler, Scotland, Shelby, Warren
- 6 Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski, Washington
- 7 Cass, Clay, Jackson, Platte, Ray
- 8 Franklin, Jefferson, St. Charles, St. Louis
- 9 St. Louis City
- 10 Barton, Jasper, McDonald, Newton

Note: See pg. 36 for contact information.

Demographic Characteristics

The age of seniors surveyed ranges in years from 60 to 96, with an average of 71 years. Women account for the majority of seniors surveyed (Figure 1). Women are on average older than the men interviewed, 72 versus 70 years old, reflecting the longer life expectancy of women.

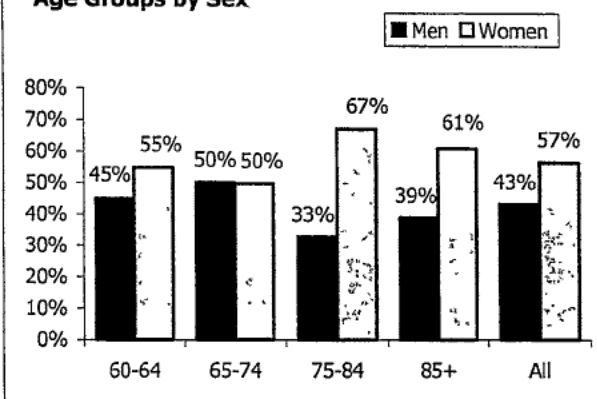
The majority of older adults are white; 2% report themselves as black, 0.2% as Asian and 0.1% as another race (Data Tables, pg. 22). For analysis purposes, races other than white will be grouped into a category called Other.

Marital Status, Living Arrangement

Marital status and living arrangement impact older adults' well-being as they are closely linked to income, health status, and the availability of potential caregivers. Consistent with U.S. Census data¹ and national health study data², marital status and living arrangement of Missouri's seniors vary considerably by age, sex and race.

Living arrangement is defined by marital status and the number of people residing in the household. An assumption was made that if the respondent is married and living with another person, that respondent is living with his/her spouse.

Figure 1. Central Region
Age Groups by Sex

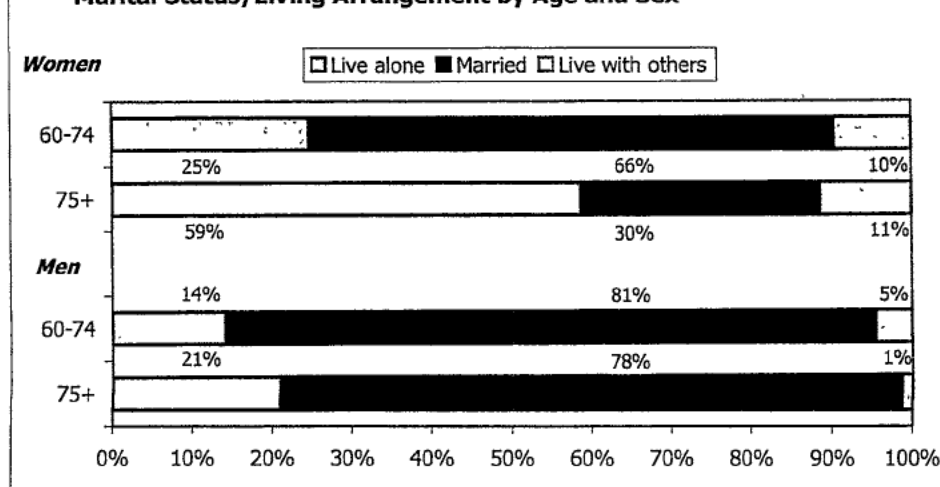


For analysis purposes, marital status and living arrangement are combined into the following categories: married and living with others; living alone; living with others.

The number of seniors living alone increases with age. Only 20% of adults aged 60 to 74 live alone; that percentage jumps to 46% for the 75+ age group (Data Table, pg. 22). Men are more likely than women to be married at both age levels, reflecting the fact that men are often outlived by their wives, marry women younger than themselves and remarry more frequently (Figure 2).

Older minority adults are more likely than white seniors to live with others (Data Tables, pg. 22).

Figure 2. Central Region
Marital Status/Living Arrangement by Age and Sex



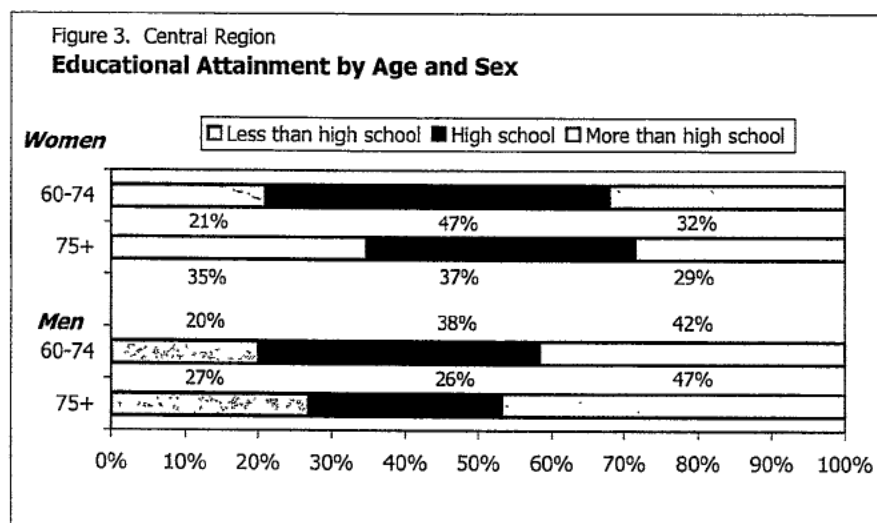
Population

Educational Attainment

Higher levels of education are usually correlated with higher incomes, higher standards of living, and above-average health status among older adults. Thus, education can have an indirect influence on a person's well-being.³

Three-fourths of older adults have graduated from high school. The older old are least likely to have finished high school (Data Tables, pg. 23).

When comparing education levels among men and women, the percentage differences are similar among the younger age groups. Males ages 75 and older are more likely to have attained a higher education than their female counterparts (Figure 3). This reflects the prevailing attitudes and educational opportunities at the time when they received most of their formal education; women were expected to remain in the home while men went to college to prepare for a career.

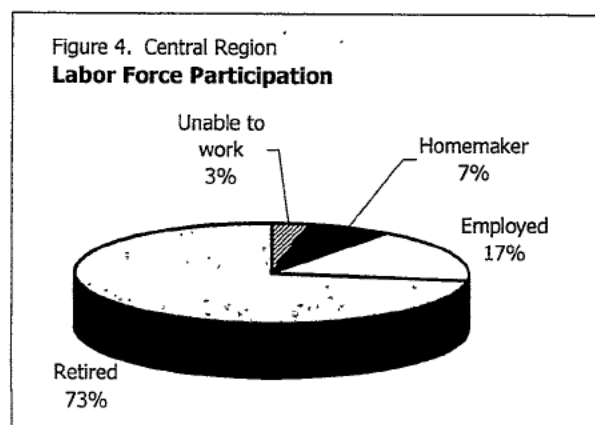


Labor Force Participation

Almost three-fourths of older adults are retired; 17% are employed (Figure 4). Employed seniors who average 66 years of age are younger than retirees, who average 73 years of age. Men and women are equally likely to be in the work force (Table 1).

Table 1. Central Region
Percent Employed by Age and Sex

	Men	Women	ALL
ALL	17%	17%	17%
60-64	37%	36%	37%
65-74	13%	19%	16%
75-84	4%	4%	4%
85+	0%	4%	3%

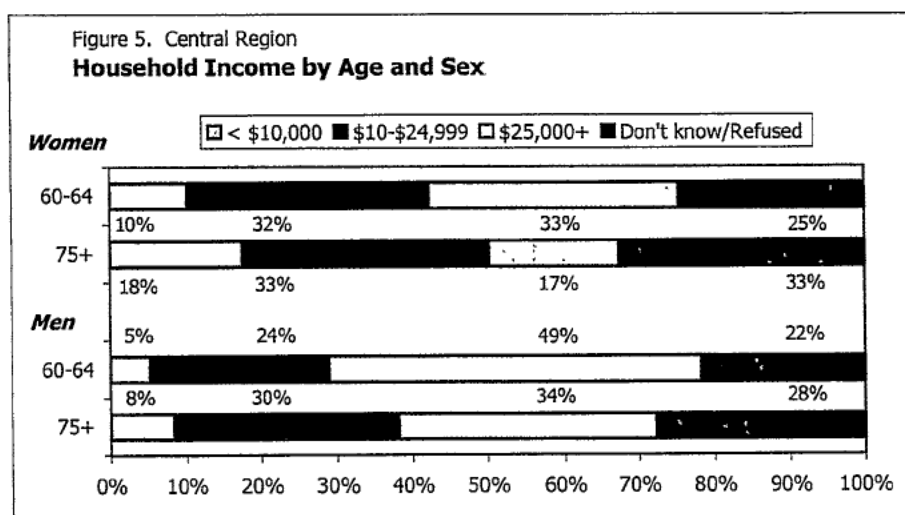


Household Income

An older adult's income has a direct bearing on his or her quality of life. Persons with inadequate income risk lack of food, housing, health care and needed services. Socioeconomic status has been proven to affect a person's health.⁴

Annual household income is less than \$25,000 for almost 40% of seniors; 11% have incomes of \$50,000 or more (Data Tables, pg. 23). One-fourth of respondents either refused to report their income or did not know their income; this is more prevalent among seniors age 75 and older.

As age increases, household income decreases for both men and women (Figure 5). Women are more likely than men to report incomes of under \$10,000 among both age groups, a function of a woman's lifelong economic dependency on her spouse and her greater likelihood of widowhood.



References

¹ Current Population Reports. The Older Population in the United States. U.S. Census Bureau. March 1999.

² National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

³ Federal Interagency Forum on Aging-Related Statistics. Older Americans 2000: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics, Washington, DC: U.S. Government Printing Office. August 2000.

⁴ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vo. 279 Issue 21 06/03/98, 1703-1709.

Health Status

Self-Rated Health

Self-assessed health is one of the simplest but most informative measures of health, summarizing physical, emotional and social aspects of well-being. Research has found self-rated health to highly correlate with mortality, and has demonstrated that older persons who report their health as poor are at increased risk for declines in physical functioning.¹

Almost 69% of seniors assess their health as good, very good or excellent; 30.5% feel their health is fair or poor (Data Tables, pg. 24). As age increases negative health evaluations increase. Percentages of fair and poor health are similar among men and women (Figure 6).

National studies^{1,2} and the 1994 Needs Assessment study have found black seniors to be more likely to report worse health. In this study, a higher percentage of minority elders report fair/poor health but the difference is not significant (Figure 7).

Differences in health outcomes by socioeconomic position have been recognized as a persisting public health problem. The Americans' Changing Lives (ACL) longitudinal study found that lower levels of education and income are associated with a significantly higher prevalence of health risk behaviors, including smoking, being overweight and physical inactivity.³

Figure 6. Central Region
Percent Who Report Fair or Poor Health by Age and Sex

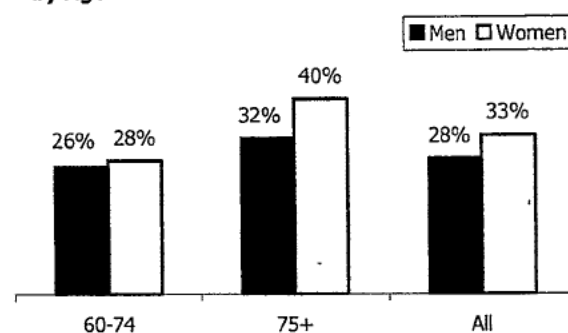
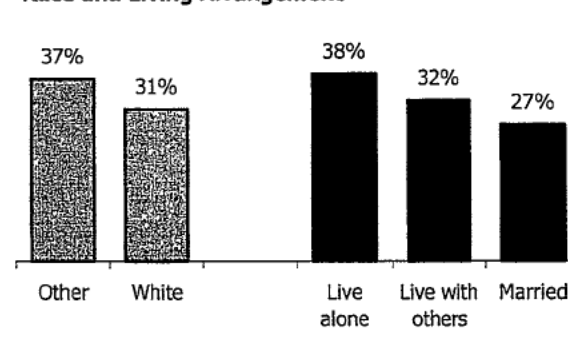
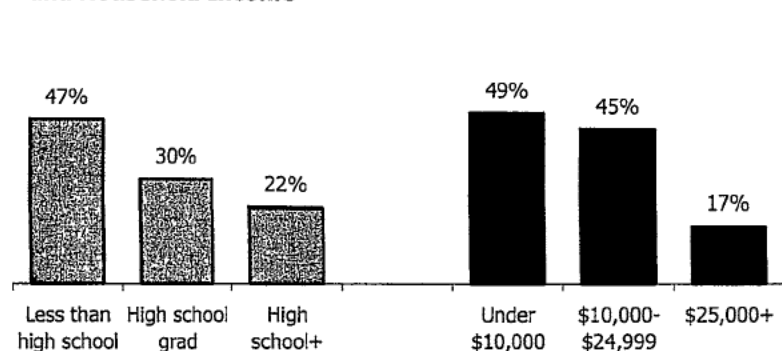


Figure 7. Central Region
Percent Who Report Fair or Poor Health by Race and Living Arrangement



Seniors' perception of their health also differs significantly in this study by the socioeconomic indicators of educational attainment and household income. Self-rated health improves as education and income increase. Almost half of seniors who did not finish high school rate their health as fair or poor. In contrast, less than one-fourth of seniors with an education beyond high school assess their health as not good (Figure 8).

Figure 8. Central Region
Percent Who Report Fair or Poor Health by Education and Household Income



Almost half of the seniors with incomes under \$25,000 rate their health as fair or poor; less than one-fourth of individuals with incomes \$25,000+ report bad health (Figure 8).

Health Limitations

Chronic diseases such as arthritis affect the quality of life and contribute to disability and the inability to live independently. Over one-fourth of seniors, 27%, are limited in activities because of an impairment or health problem. Arthritis (4%), lung/breathing problems (3%), a walking problem (3%), eye/vision problems (3%), and heart problems (3%) are the major afflictions reported as limiting activities (Data Tables, pg. 24).

The older old are more likely to be limited in any way because of an impairment or health problem (Data Tables, pg. 24). Among men and women, the percentage limited is similar (Figure 9).

As expected, those rating their health as fair or poor are more likely than those with a good to excellent self-health rating to indicate their activities are limited because of a health problem (Data Tables, pg. 24).

Thirteen percent of elders report having trouble learning, remembering or concentrating because of an impairment or health problem (Data Tables, pg. 24).

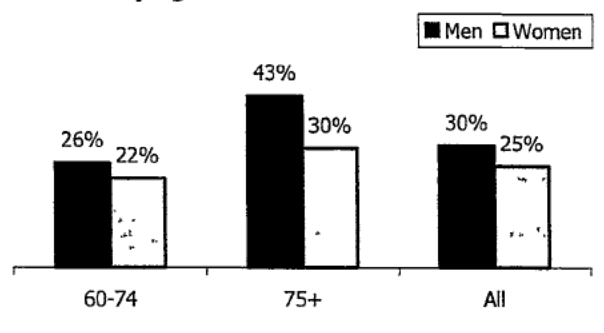
Survey participants were asked a variety of questions regarding how many days in the past 30 days they felt healthy, and how many days they were affected by poor physical health, poor mental health, and sleep deprivation. (Table 2; Data Tables, pg. 25)

Table 2. Central Region
Percent Who Report At Least 1 Day in the Past 30 Days

	Percent	Estimated Persons	Average # of Days
Felt very healthy & full of energy	80%	82,526	23.8
Physical health was not good	32%	33,322	16.3
Pain made it hard to do activities	21%	21,799	17.2
Mental health was not good	16%	16,920	14.2
Felt sad, blue, depressed	21%	22,111	8.6
Felt worried, tense, anxious	27%	27,924	8.5
Did not get enough rest/sleep	34%	34,879	11.5
Poor health kept you from activities	15%	15,986	18.0

Figure 9. Central Region

Percent Who Are Limited by a Health Problem by Age and Sex



Days of Good Health

The majority of seniors have felt very healthy and full of energy at least one day in the past 30 days. Those reporting at least one day of good health average 24 good days.

Days of Poor Health

One-third of seniors have had one or more days in the past 30 where their physical health was not good, averaging 16 poor physical health days.

Pain made it hard for almost one-fourth of older adults to do their usual activities at least one day in the past month. On average, those with pain had 17 days where the pain inhibited their daily activities.

Poor mental health days have been experienced by 16% of seniors, who average 14 poor days. Less than one-fourth of seniors have had at least one day where they felt sad, blue or depressed and average 9 days; one-fourth have felt worried, tense or anxious and average 8.5 days; 34% did not get enough rest or sleep, averaging 11.5 days.

Poor physical or mental health has kept an estimated 15,986 seniors from doing their usual activities; these individuals average 18 days of poor overall health.

Health Status

Health Habits

Research has shown that physical activity has many health benefits: reducing the risk of certain chronic diseases, relieving symptoms of depression, helping to maintain independent living, and enhancing the overall quality of life. Almost two-thirds of older adults have participated in physical activities or exercised in the past month (Figure 10). Participation drops dramatically for the oldest old.

The most popular activities seniors participate in are walking, gardening, golfing and exercising at home or at a health club. For those who do exercise, they do so several times a week (Data Tables, pg. 26).

Older adults are at a higher risk of contracting and suffering from consequences of the flu or pneumonia. An annual flu shot and a pneumonia vaccination are recommended for adults age 65 and older. Almost two-thirds of seniors have had a flu shot in the past year, with the majority receiving their shot at a doctor's office (Data Tables, pg. 26). Almost half of the seniors have had a pneumonia vaccination. The likelihood of having had either shot increases with age (Figure 11).

Figure 10. Central Region
Percent Who Participated in Physical Activity by Age

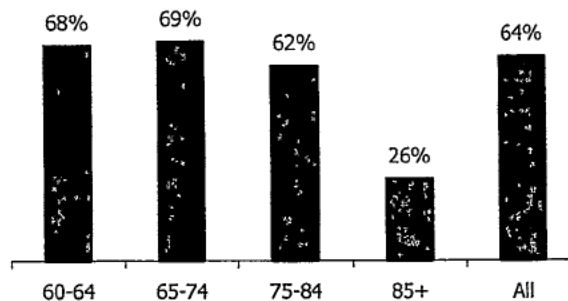
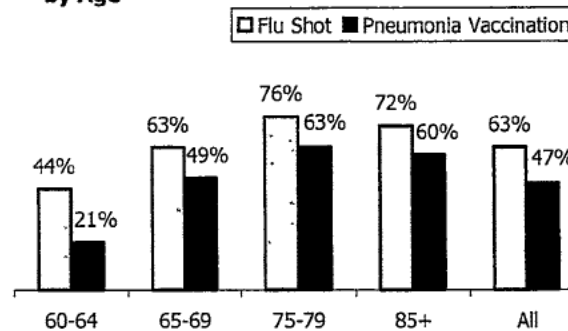


Figure 11. Central Region
Percent Who Have Had Vaccinations by Age



References

- ¹ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.
- ² A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services
- ³ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vo. 279 Issue 21 06/03/98, 1703-1709.

The functional ability of an older person declines with age. Functional limitation and whether a person receives assistance serve as key indicators of an older person's ability to live independently in the community and have implications for service delivery, quality of life, and life expectancy. Functional status is commonly defined in terms of the ability to perform certain tasks of daily living. Researchers group these tasks into two categories: essential activities of daily living (ADL) and the more complex instrumental activities of daily living (IADL). The ADLs included in this survey are eating, bathing, dressing, toileting, getting in/out of bed, walking, getting around the house, and getting outside. IADLs include light housework, heavy housework, using the telephone, shopping, preparing meals, taking medication and managing money.

For each ADL and IADL, respondents were asked how much difficulty they had performing each task, who helped them if they had difficulty and if it was enough help. Respondents are considered to have difficulty with an ADL or IADL if they report needing some help or unable to do without help. Consistent with other studies, those who report they do not do an ADL are counted as having difficulty.¹ Because ADLs are fundamental to the existence of the person, it is likely the respondent who "does not do" a specific activity is limited. The percentage of those reporting "doesn't do for other reason" is less than one percent for any given ADL. Unlike ADLs, IADLs are not necessities of life and may not be done for reasons other than disability. Thus, those who report they do not do a specific IADL are not counted as limited.

ADL and IADL Difficulties

Over one-third of seniors, 38.5%, need some help performing either ADLs or IADLs (Figure 12). Mobility is the most prevalent ADL difficulty with 11% having trouble walking, getting around the house, and/or getting outdoors (Figure 13). Five percent have difficulty with personal care activities. Overall, 12% report difficulties performing ADLs.

More seniors need help with IADLs than with ADLs, 38% vs. 12% respectively. Help is most

Figure 12. Central Region
Functional Limitations

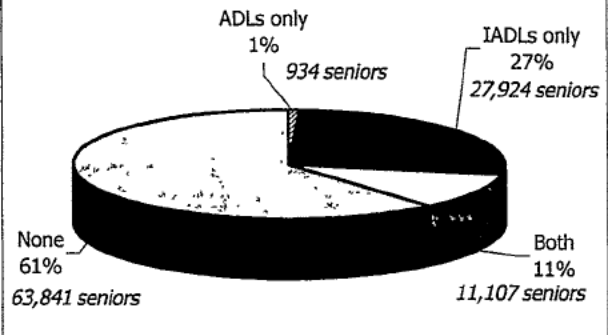
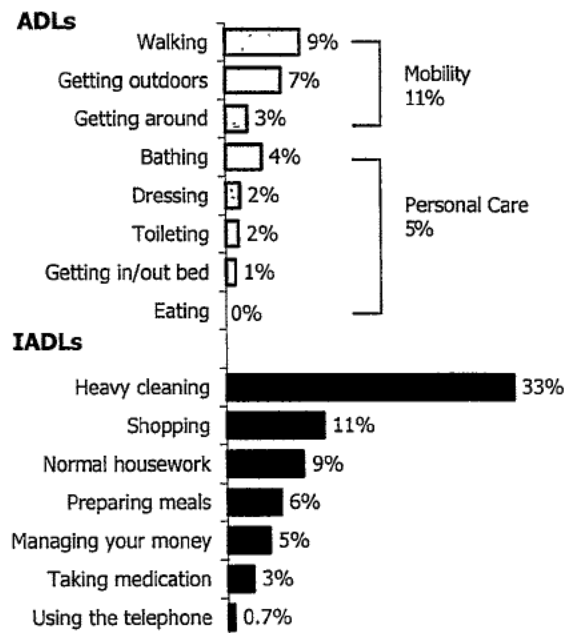


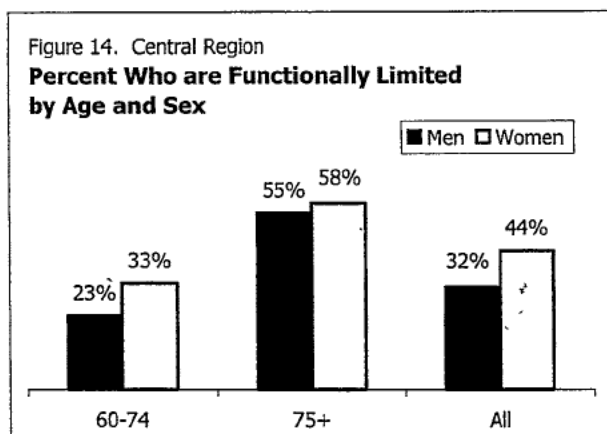
Figure 13. Central Region
Percent with ADL and IADL Difficulties



often required with cleaning and shopping (Figure 13).

Functional status varies significantly across age and sex. As age increases, functional limitations increase. Women more than men are likely to need assistance with ADLs and/or IADLs (Figure 14).

Functional Status



Assistance with Functional Limitations and Unmet Needs

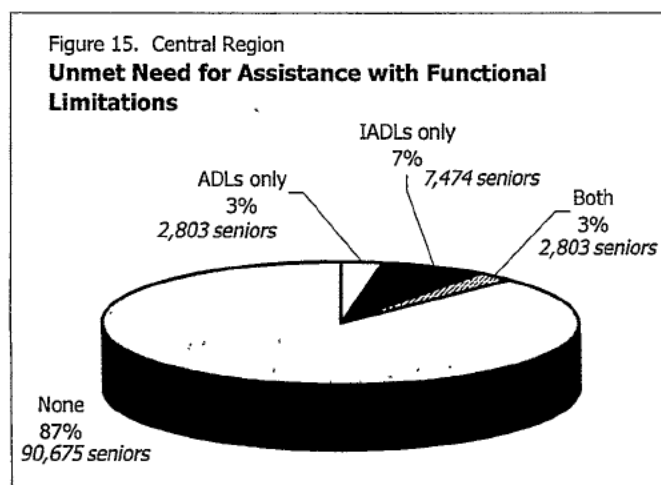
Some seniors are able to overcome their difficulties in performing daily activities through the use of assistive devices; many others require personal assistance. The majority of elders are receiving the necessary assistance and in most cases, it is enough help (Data Tables, pgs. 27-28).

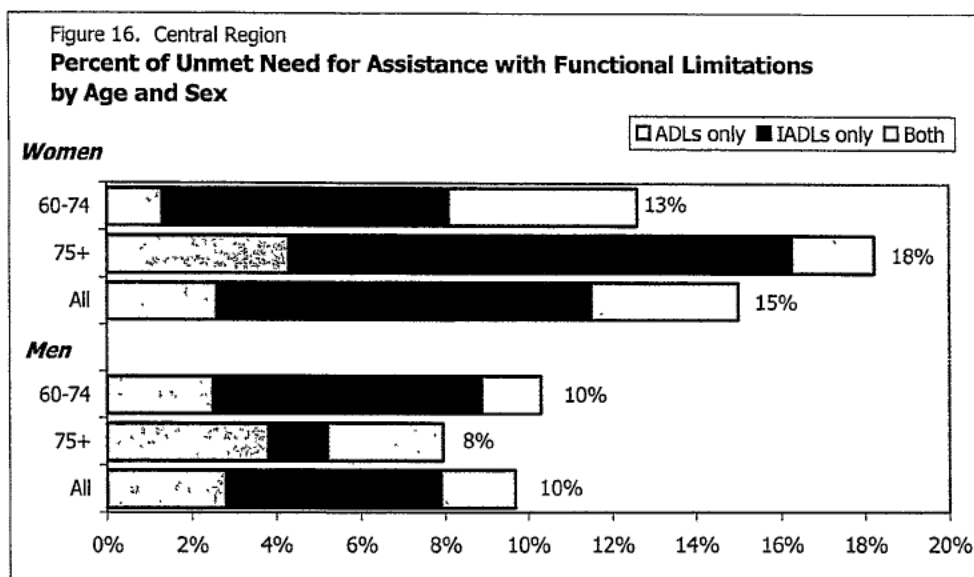
For most, assistance comes from family. Professional help is used more for bathing, normal housework and heavy cleaning. Other help, usually in the form of assistive devices such as a walker or cane, is more often used with walking, getting around the house or getting outdoors (Data Tables, pgs. 27-28).

While help is available for most seniors who need it, there are still thousands who are going unaided. These adults may be at risk for institutionalization if the need for assistance goes unmet. Unmet need has been determined for each ADL and IADL where an individual has no one to help when help is needed, or if the help they get is enough help only some of the time, seldom or never.

Overall, 13% of older adults are in need of help or need more help with their everyday activities (Figure 15). Five percent need more help with one or more ADLs, with the majority of elders requiring assistance with walking. Dressing and toileting are the personal care activities for which most seniors need more assistance. Ten percent of older adults could use additional help with at least one IADL. Heavy cleaning is the need that most often goes unmet (Data Tables, pg. 27-28).

As with ADL and IADL difficulties, unmet need for assistance increases as age increases and women are more likely than men to go unaided (Figure 16). The difference between the sexes for needed IADL assistance is much greater than the need for ADL assistance. This is likely due to the traditional role women have played in the household, where cleaning, shopping and cooking are the woman's responsibility. Thus, men may not need help with these activities because they do not do these activities.





References

¹ Health Data on Older Americans: United States, 1992. National Center for Health Statistics. Vital and Health Statistics 3(27), January 1993.

Service Awareness and Use

Where To Go For Help

Most seniors will talk with their family members when they need someone to help with their personal care and their day-to-day activities (Table 3). An estimated 17,000 to 18,000 older adults do not know who they would speak to about getting personal care assistance or help with day-to-day activities (Data Tables, pg. 29).

Slightly over one-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services (Figure 17).

Regarding agencies to contact to find out about aging services in the community, awareness is highest for the Division of Senior Services and local Senior Centers. Over one-third of seniors do not know which agency to contact for services (Figure 18).

Overall, 9% of older adults or an estimated 9,300 persons indicate they have no one to talk to about getting help with personal assistance or day-to-day activities, and do not know what agency to speak with about aging services.

Table 3. Central Region

Who Would You Talk to for Help

	With Personal Care	With Day-to-Day Activities
Family	49%	51%
Doctor	13%	5%
Social service agency	9%	8%
Other	12%	18%
Don't know	17%	18%

Figure 17. Central Region

Aware of the Toll-Free Information and Referral Number

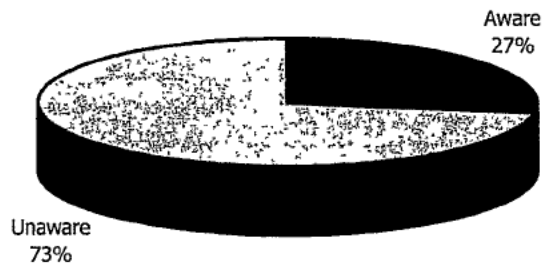
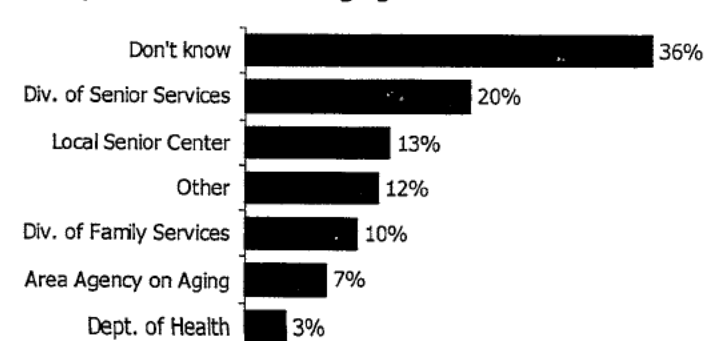


Figure 18. Central Region

Agency To Contact About Aging Services



Service Awareness and Use

Home-Delivered Meals

Three-fourths of older adults are aware of the availability of home-delivered meals or Meals on Wheels in their community (Table 4).

Table 4. Central Region
Home-Delivered Meals

	Percent	Persons
Aware	75%	77,751
Receiving	8%	8,616
Unmet Need	2%	2,388

Based on this survey, 8% of persons 60 and older are having meals delivered to their homes (Table 4). This would include Home delivered Meals through local senior centers and other community operated Meals on Wheels programs. Seniors receiving meals are on average older than those who do not get home-delivered meals, 76 vs. 71, respectively.

Two percent report needing home-delivered meals but are not getting them, or feel the service does not provide them with enough meals (Table 4). Reasons for not receiving meals include unavailability, unaffordable or do not like the service (Data Tables, pg. 29).

The vast majority of seniors, 98%, have not been concerned about having enough food for themselves and their families in the past 30 days (Data Tables, pg. 29).

Senior Center

The majority of older adults know of a senior center in their community where they can eat meals and participate in social activities (Table 5).

Table 5. Central Region
Senior Center

	Percent	Persons
Aware	84%	87,301
Go To	21%	21,592

Almost one-fourth, 21%, report visiting a senior center (Table 5). Attendance increases with age; those who visit centers are on average 76 years old; those who don't average 70 years old.

For those who do not visit a senior center, reasons for not going include not needing or not interested in the services offered, and unavailability (Data Tables, pg. 30).

Assistance Filling Out Forms

Assistance filling out Medicare, insurance or other forms is thought to be available in the community by half of seniors (Table 6).

Not everyone was asked if they currently need help filling out forms due to a survey programming error. *Thus, the data presented here is based on only those seniors asked so need and receipt of assistance of this service may be underestimated.*

Eighteen percent say they receive help filling out their forms; another 1% could use help with their forms (Table 6). Reasons for not getting the help they need with their forms include unavailability and not liking the service provided (Data Tables, pg. 31).

Table 6. Central Region
Assistance Filling Out Forms

	Percent	Persons
Available	52%	54,083
Receiving	18%	9,654
Unmet Need	1%	727

Service Awareness and Use

Transportation

Lack of transportation is a problem for 6% of seniors when they want to go someplace (Data Tables, pg. 31). The problem becomes greater as adults get older. Lower income individuals more often than higher income persons find lack of transportation a problem as do those living alone compared to married seniors living with their spouse (Data Tables, pg. 32).

Almost one-fourth of older adults report a public transportation system is available where they can walk to a bus stop (Table 7). Five percent need to use a public transportation system, and for most it meets all their transportation needs. For those whose needs are not all met, reasons why include the day/hour/timing of service or the destination is outside the service area (Data Tables, pg. 31).

Table 7. Central Region
Public Transportation

	Percent	Persons
Available	24%	25,329
Need to Use	5%	5,502
Doesn't meet my needs	1%	1,453

Transportation Service

	Percent	Persons
Available	74%	77,232
Use	11%	11,003
Doesn't meet my needs	3%	3,010

Almost three-fourths of seniors are aware of the availability of a transportation service where you can call in advance. Eleven percent use this service and for most it meets their needs. Reasons given for why the service doesn't meet transportation needs include the day/hour/timing service, physically unable to get to, and destination is outside the service area (Data Tables, pg. 32).

Daily Check

Over 90% of seniors feel they do not need a daily check by someone to be sure they are okay. Three percent report receiving such a check and another 2% believe they need it but are not receiving it (Table 8).

Those receiving a daily check are significantly older than those who do not, 77 vs. 71 years old. Women are more likely than men to receive a check. As one would expect, older adults living alone are more likely than married seniors to be receiving such a service (Data Tables, pg. 32).

Table 8. Central Region
Daily Check

	Percent	Persons
Receive	3%	2,803
Unmet Need	2%	1,557

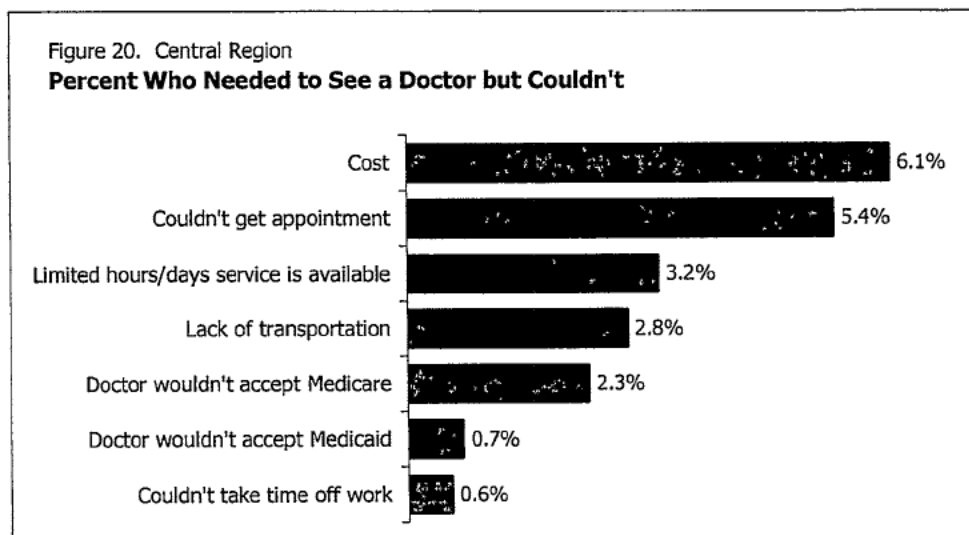
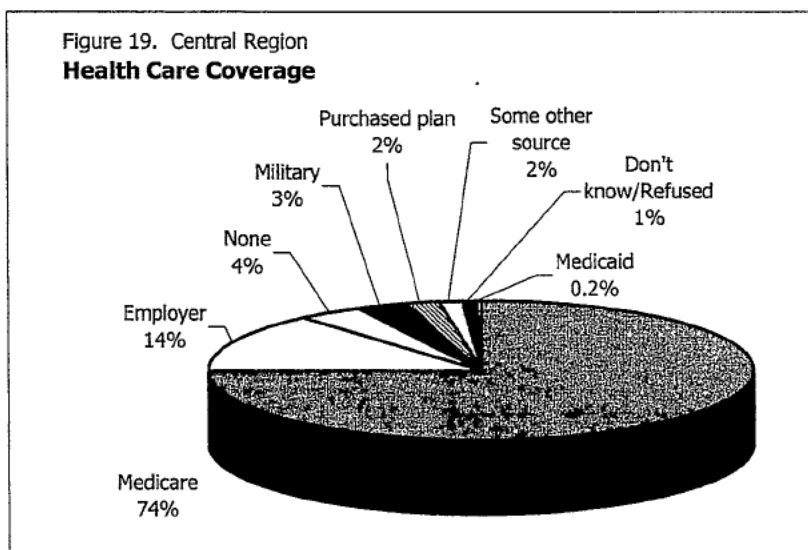
Health Care Coverage

For those age 65 and older, Medicare is the most common health care coverage. The youngest old are most likely to be covered by their own or someone else's employer (Data Table, pg. 33).

Four percent of seniors, an estimated 3,840 persons, report having no health insurance. The majority of the uninsured are under age 65 (Data Table, pg. 33).

Inability to See a Doctor

Survey participants were asked if there was a time in the past 12 months when they needed to see a doctor but could not for various reasons. Cost, not being able to get an appointment, and limited service times are the most often cited reasons for not being able to see a doctor when necessary (Figure 20).



Social Support

Social Activity

Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. The vast majority of seniors, 93%, talk on the telephone at least weekly (Figure 21). Face-to-face interactions occur less frequently but still a majority, 83%, manage to visit someone outside their home at least once a week (Figure 22).

Figure 21. Central Region
Talk on the Telephone

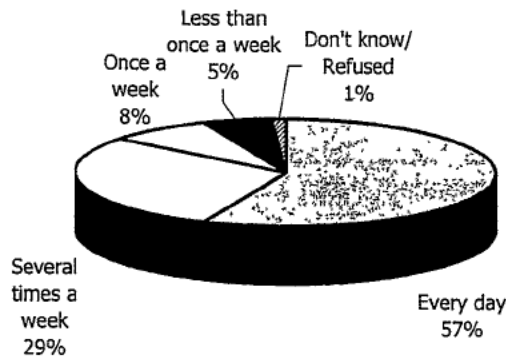
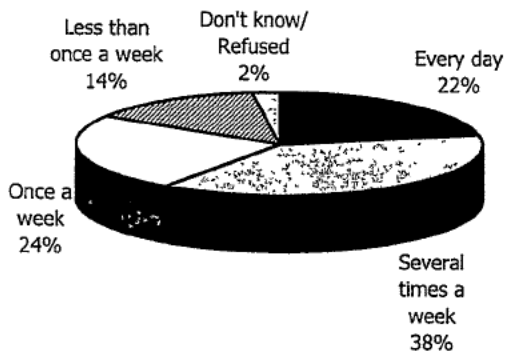


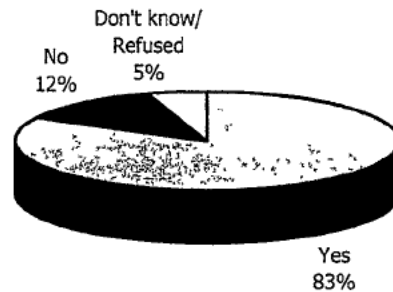
Figure 22. Central Region
Visit Someone



Caregiving

Twelve percent of older adults, or an estimated 12,870 persons, report having no one who would care for them if they became sick or disabled (Figure 23). This percentage increases significantly as age increases. Women are more likely than men, and those living alone more often than married seniors, to report not having a possible caregiver, which is age-related (Data Tables, pg. 34).

Figure 23. Central Region
Have a Potential Caregiver



Traditionally, families have cared for older adults. Smaller family sizes, geographic mobility, increased number of women in the workforce and the increased longevity of older adults have been affecting the network of potential caregivers.¹ Family caregivers are an essential part of the health care economy. The estimated value of informal caregiving is an estimated \$196 billion.² With the shrinking number of potential caregivers, increases are likely in in-home care expenses as well as the institutionalization rate and subsequent nursing home care expenses.

For those who would have a caregiver, over two-thirds say the person would be able to care for them as long as needed. This person is most likely to be a spouse or child (Data Tables, pg. 34).

If seniors needed help at home, the percentages are similar for those preferring hiring someone themselves and seniors preferring an in-home agency send someone. Over one-fourth do not know which option they would prefer (Figure 24).

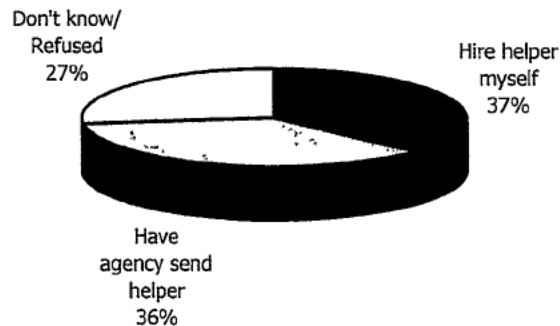
Discrimination

The majority of older adults have not been discriminated against in the past year because of their age (88%) or their race (96%). Of those who experienced racial or ethnic discrimination, no persons report it prevented them from receiving needed services (Data Tables, pg. 35). A total of 2.1% of respondents didn't know or refused to answer if they had experienced racial or ethnic discrimination.

Abuse & Neglect

Only two percent of seniors are aware of older adults in their community who have been abused or neglected (Data Tables, pg. 35). Over one-third are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

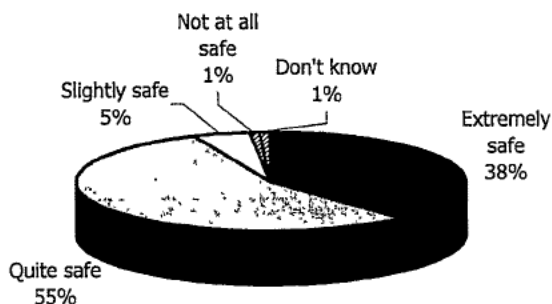
Figure 24. Central Region
Preference for In-Home Help



Housing & Neighborhood Safety

Around 86% of older adults own their home, 82% live in a house, and 92% have lived at their current residence two or more years. Only one percent are considering moving within the next two years where they can get more help (Data Tables, pg. 35). The majority of seniors, 94%, consider their neighborhoods to be extremely or quite safe from crime (Figure 24).

Figure 25. Central Region
Neighborhood Safe from Crime



References

¹ Internet Information Note: Caregiving for the Elderly - National Aging Information Center; www.aoa.gov/naic/Notes/caregivingforelderly.html.

² Family Caregiver Alliance Fact Sheet: Selected Caregiver Statistics; www.caregiver.org/factsheets/caregiver_statsC.html.

Data Tables

Note: Population estimates are determined by applying the sample percentages to the age 60 and older population, excluding the age 65+, institutionalized population. Because the estimates are based on rounded sample percentages, they may not add to the total population.

Population of the Sample

Central Region	Percent
	100.0%
Age	
60-64	24.7%
65-69	22.3%
70-74	18.2%
75-79	16.8%
80-84	12.4%
85+	5.6%
Sex	
Male	43.2%
Female	56.8%
Race	
White	96.9%
Black	2.2%
Asian, Pacific Islander	0.2%
Other	0.1%
Refused	0.6%
Hispanic	
Yes	0.2%
No	98.5%
Don't know/Refused	1.3%
Marital Status	
Married	64.7%
Widowed	25.8%
Divorced	6.4%
Never been married	2.0%
Separated	0.5%
Member of an unmarried couple	0.4%
Refused	0.3%
Household Size	
One	28.8%
Two	62.8%
Three	5.4%
Four or more	2.9%
Living Arrangement	
Live alone	28.8%
Live with spouse	58.0%
Live with spouse/others	5.7%
Live with others	7.5%
Marital Status/ Living Arrangement	
Live alone	28.8%
Married, live with spouse	63.7%
Live with others	7.5%

Percent of Race by Age

Central Region	White	Other	Refused
ALL	96.9%	2.6%	0.6%
Age			
60-64	94.9%	5.1%	0.0%
65-74	96.5%	2.4%	1.1%
75-84	98.4%	1.1%	0.5%
85+	100.0%	0.0%	0.0%
60-74	95.9%	3.4%	0.7%
75+	98.6%	1.0%	0.4%
Average Age	71.6	68.6	72.7

Percent of Marital Status/Living Arrangement by Age Groups, Sex and Race

Central Region	Live alone	Married	Live with others
ALL	28.8%	63.7%	7.5%
Age			
60-64	21.0%	70.3%	8.8%
65-74	18.9%	75.0%	6.2%
75-84	41.1%	49.6%	9.3%
85+	71.4%	27.3%	1.4%
60-74	19.7%	73.2%	7.2%
75+	46.0%	46.0%	8.0%
Average Age	74.9	69.8	70.9
Sex			
Male	16.1%	80.3%	3.7%
Female	38.6%	51.1%	10.3%
Race			
White	28.9%	64.4%	6.7%
Other	15.1%	54.4%	30.5%

Population of the Sample

Central Region	Percent
	100.0%
Education	
No school	0.2%
Grades 1 through 8	13.0%
Grades 9 through 11	11.2%
Grade 12 or GED	39.2%
College 1-3 years	17.8%
College degree or more	17.9%
Refused	0.7%
Employment Status	
Employed for wages	13.1%
Self-employed	3.8%
Homemaker	6.9%
Retired	73.1%
Unable to work	3.1%
Household Income	
Less than \$10,000	10.1%
\$10,000-\$14,999	12.0%
\$15,000-\$19,999	8.8%
\$20,000-\$24,999	8.6%
\$25,000-\$34,999	12.1%
\$35,000-\$49,999	11.5%
\$50,000-\$74,999	5.0%
\$75,000 or more	6.0%
Don't know	11.7%
Refused	14.2%

Percent of Educational Attainment by Age Groups, Sex and Race

Central Region	Less than High School	High School	More than High School	Refused
ALL	24.4%	39.2%	35.7%	0.7%
Age				
60-74	20.4%	42.4%	36.3%	0.9%
75+	32.0%	33.1%	34.5%	0.5%
Average Age	73.1	70.3	71.3	70.3
Sex				
Male	21.6%	34.4%	42.3%	1.7%
Female	26.6%	42.8%	30.6%	0.0%
Race				
White	24.5%	40.0%	34.8%	0.8%
Other	19.7%	13.2%	67.1%	0.0%

Percent of Household Income by Age Groups, Sex and Race

Central Region	Less than \$10,000	\$10,000- \$24,999	\$25,000+	Don't know/ Refused
ALL	10.1%	29.3%	34.6%	25.9%
Age				
60-74	7.8%	28.1%	41.0%	23.2%
75+	14.5%	31.7%	22.8%	31.0%
Average Age	73.7	71.3	69.0	73.4
Sex				
Male	6.0%	25.4%	45.2%	23.4%
Female	13.2%	32.4%	26.6%	27.9%
Race				
White	9.9%	29.3%	34.7%	26.1%
Other	9.1%	37.7%	40.2%	13.1%
Living Arrangement				
Live alone	23.7%	35.5%	19.0%	21.8%
Married	2.8%	24.3%	43.7%	29.2%
Live with others	19.6%	48.8%	17.3%	14.3%

Data Tables

Health Status

Central Region	Percent	Persons
Self-rated health (Q1)	100.0%	103,806
Excellent	13.8%	14,325
Very Good	25.2%	26,159
Good	29.9%	31,038
Fair	19.7%	20,450
Poor	10.8%	11,211
Don't know/Refused	0.6%	623
Excellent, Very Good, Good	68.9%	71,522
Fair, Poor	30.5%	31,661
Don't know/Refused	0.6%	623
Limited in activities because of any impairment/health problem (Q94)		
Yes	27.4%	28,443
No	72.3%	75,052
Don't know/Refused	0.3%	311
Major impairment/health problem (Q95)		
Arthritis/Rheumatism	3.8%	3,945
Lung/breathing problem	3.4%	3,529
Walking problem	3.1%	3,218
Eye/vision problem	3.0%	3,114
Heart problem	2.9%	3,010
Back/neck problem	2.4%	2,491
Diabetes	1.8%	1,869
Cancer	1.1%	1,142
Hearing problem	1.1%	1,142
Stroke problem	0.7%	727
Fractures, bone/joint injury	0.5%	519
Depression/anxiety/emotional	0.3%	311
Hypertension/High blood press	0.2%	208
Other impairment/problem	3.1%	3,218
Have no impairment	72.6%	75,363
Have trouble learning, remembering, concentrating (Q96)		
Yes	13.2%	13,702
No	86.8%	90,104

Percent of Health Limitations by Selected Demographics

Central Region	Limited	Not Limited
ALL	27.4%	72.6%
Age		
60-74	23.9%	76.1%
75+	34.0%	66.0%
Average Age	72.8	71.1
Sex		
Male	30.4%	69.6%
Female	25.2%	74.8%
Race		
White	27.5%	72.5%
Other	31.7%	68.3%
Living Arrangement		
Live alone	27.6%	72.4%
Married	27.2%	72.8%
Live with others	29.3%	70.7%
Education		
< High School	29.7%	70.3%
High School	27.3%	72.7%
> High School	26.7%	73.3%
Income		
< \$10,000	30.0%	70.0%
\$10-\$24,999	34.3%	65.7%
\$25,000+	17.7%	82.3%
Don't know/Refused	32.2%	67.8%
Self-Rated Health		
Excellent	6.2%	93.8%
Very Good	8.9%	91.1%
Good	25.3%	74.7%
Fair	48.7%	51.4%
Poor	64.0%	36.0%

Health Status

<i>Central Region</i>	Percent	Persons	<i>Central Region</i>	Percent	Persons
	100.0%	103,806		100.0%	103,806
Days of poor physical health (Q2)			Days felt sad, blue or depressed (Q98)		
None	63.6%	66,021	None	72.0%	74,740
1-7 days/1 week	11.3%	11,730	1-7 days/1 week	12.1%	12,561
8-14 days/2 weeks	3.8%	3,945	8-14 days/2 weeks	4.3%	4,464
15-21 days/3 weeks	5.3%	5,502	15-21 days/3 weeks	3.6%	3,737
22-29 days/4 weeks	0.3%	311	22-29 days/4 weeks	0.1%	104
30 days/All month	11.4%	11,834	30 days/All month	1.2%	1,246
Don't know/Refused	4.3%	4,464	Don't know/Refused	6.7%	6,955
Days of poor mental health (Q3)			Days felt worried, tense or anxious (Q99)		
None	81.5%	84,602	None	66.3%	68,823
1-7 days/1 week	7.7%	7,993	1-7 days/1 week	17.4%	18,062
8-14 days/2 weeks	2.0%	2,076	8-14 days/2 weeks	3.1%	3,218
15-21 days/3 weeks	1.2%	1,246	15-21 days/3 weeks	3.5%	3,633
22-29 days/4 weeks	0.0%	0	22-29 days/4 weeks	0.3%	311
30 days/All month	5.4%	5,606	30 days/All month	2.6%	2,699
Don't know/Refused	2.1%	2,180	Don't know/Refused	6.8%	7,059
Days poor physical/mental health-limited activities (Q4)			Days did not get enough rest or sleep (Q100)		
None	82.9%	86,055	None	64.0%	66,436
1-7 days/1 week	3.7%	3,841	1-7 days/1 week	17.8%	18,477
8-14 days/2 weeks	1.4%	1,453	8-14 days/2 weeks	5.1%	5,294
15-21 days/3 weeks	4.3%	4,464	15-21 days/3 weeks	2.7%	2,803
22-29 days/4 weeks	1.0%	1,038	22-29 days/4 weeks	1.4%	1,453
30 days/All month	5.0%	5,190	30 days/All month	6.6%	6,851
Don't know/Refused	1.7%	1,765	Don't know/Refused	2.4%	2,491
Days where pain made it hard to do activities (Q97)			Days felt very healthy & full of energy (Q101)		
None	76.6%	79,515	None	15.1%	15,675
1-7 days/1 week	6.6%	6,851	1-7 days/1 week	6.3%	6,540
8-14 days/2 weeks	2.9%	3,010	8-14 days/2 weeks	4.5%	4,671
15-21 days/3 weeks	2.8%	2,907	15-21 days/3 weeks	13.6%	14,118
22-29 days/4 weeks	0.3%	311	22-29 days/4 weeks	18.9%	19,619
30 days/All month	8.4%	8,720	30 days/All month	36.2%	37,578
Don't know/Refused	2.4%	2,491	Don't know/Refused	5.4%	5,606

Data Tables

Health Status

Central Region	Percent	Persons
	100.0%	103,806
Participate in physical activities/exercise (Q123)		
Yes	64.3%	66,747
No	35.6%	36,955
Don't know/Refused	0.1%	104
Type of physical activity/exercise (Q124)		
Walking	38.8%	40,277
Gardening	7.9%	8,201
Golf	3.0%	3,114
Home/Health Club exercise	2.6%	2,699
Weight lifting	1.7%	1,765
Fish (bank/boat)	1.2%	1,246
Aerobics class	0.8%	830
Swimming laps	0.8%	830
Mowing lawn	0.6%	623
Hunting	0.6%	623
Calisthenics	0.6%	623
Bowling	0.6%	623
Other	5.0%	5,190
None	35.7%	37,059
Distance usually walk/run (Q125)		
Do not walk/run/jog	59.7%	61,972
Less than 1 mile	11.3%	11,730
1 mile	7.9%	8,201
1.1-1.5 miles	7.0%	7,266
1.6-2.0 miles	6.8%	7,059
2.1-3.0 miles	2.2%	2,284
3.1-6.0 miles	1.5%	1,557
Don't know/Refused	3.6%	3,737
Frequency of physical activity/exercise (Q126)		
Do not participate	35.7%	37,059
Every day	10.1%	10,484
1-3 times a week	31.0%	32,180
4-6 times a week	17.9%	18,581
1-4 times a month	3.6%	3,737
Don't know/Refused	1.7%	1,765

Central Region	Percent	Persons
	100.0%	103,806
Duration of physical activity (Q127)		
Do not participate	35.7%	37,059
20 minutes or less	10.0%	10,381
21-30 minutes	19.8%	20,554
31-60 minutes	16.2%	16,817
1-2 hours	6.1%	6,332
More than 2 hours	9.5%	9,862
Don't know/Refused	2.6%	2,699
Flu shot in past year (Q91)		
Yes	62.8%	65,190
No	37.2%	38,616
Where received flu shot (Q92)		
A doctor's office or HMO	30.2%	31,349
Another type of clinic	7.0%	7,266
A health department	6.1%	6,332
Hospital/emergency room	5.5%	5,709
Workplace	3.6%	3,737
Senior, rec/community center	3.5%	3,633
A store	2.9%	3,010
Other	4.0%	4,152
Did not get a flu shot	37.2%	38,616
Had pneumonia vaccination (Q93)		
Yes	47.0%	48,789
No	50.2%	52,111
Don't know/Refused	2.8%	2,907

Data Tables

Functional Status: Activities of Daily Living

(Q5-Q33, Q46-Q49)	<i>EATING</i>		<i>BATHING</i>		<i>DRESSING/ GROOMING</i>		<i>TOILETING</i>	
<i>Central Region</i>	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	103,806	100.0%	103,806	100.0%	103,806	100.0%	103,806
Need help to do								
Without help	100.0%	103,806	95.8%	99,446	98.3%	102,041	98.4%	102,145
With help	0.0%	0	4.2%	4,360	1.7%	1,765	1.6%	1,661
Who helps								
No one	NA	NA	0.0%	0	0.3%	311	0.5%	519
Professional	NA	NA	1.5%	1,557	0.5%	519	0.0%	0
Spouse	NA	NA	1.4%	1,453	0.0%	0	0.6%	623
Other family member	NA	NA	0.6%	623	0.3%	311	0.0%	0
Non-relative	NA	NA	0.4%	415	0.3%	311	0.0%	0
Other	NA	NA	0.3%	311	0.3%	311	0.5%	519
Do not need help	NA	NA	95.8%	99,446	98.3%	102,041	98.4%	102,145
Enough help								
All/Most of the time	NA	NA	3.2%	3,322	1.3%	1,349	0.8%	830
Some of the time/Seldom	NA	NA	1.0%	1,038	0.1%	104	0.3%	311
Never	NA	NA	0.0%	0	0.0%	0	0.0%	0
Have no help	NA	NA	0.0%	0	0.3%	311	0.5%	467
Do not need help	NA	NA	95.8%	99,446	98.3%	102,041	98.4%	102,145

	<i>GETTING IN/OUT OF BED</i>		<i>WALKING</i>		<i>GETTING AROUND HOUSE</i>		<i>GETTING OUTDOORS</i>	
<i>Central Region</i>	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	103,806	100.0%	103,806	100.0%	103,806	100.0%	103,806
Need help to do								
Without help	98.9%	102,664	91.3%	94,775	97.4%	101,107	93.5%	97,059
With help	1.1%	1,142	8.7%	9,031	2.6%	2,699	6.5%	6,747
Who helps								
No one	0.0%	0	2.1%	2,180	0.4%	415	0.0%	0
Professional	0.0%	0	0.0%	0	0.0%	0	0.4%	415
Spouse	0.5%	519	0.6%	623	0.9%	934	2.4%	2,491
Other family member	0.0%	0	0.2%	208	0.2%	208	1.7%	1,765
Non-relative	0.4%	415	0.0%	0	0.3%	311	0.8%	830
Other	0.2%	208	5.8%	6,021	0.8%	830	1.2%	1,246
Do not need help	98.9%	102,664	91.3%	94,775	97.4%	101,107	93.5%	97,059
Enough help								
All/Most of the time	0.9%	934	5.6%	5,813	2.0%	2,076	4.7%	4,879
Some of the time/Seldom	0.0%	0	1.0%	1,038	0.2%	208	1.7%	1,765
Never	0.2%	208	0.0%	0	0.0%	0	0.0%	0
Have no help	0.0%	0	2.1%	2,180	0.4%	415	0.0%	0
Do not need help	98.9%	102,664	91.3%	94,775	97.4%	101,107	93.5%	97,059

Data Tables

Functional Status: Instrumental Activities of Daily Living (IADLs)

(Q34-Q45, Q50-Q65)	NORMAL HOUSEWORK		HEAVY CLEANING		USING THE TELEPHONE		SHOPPING	
Central Region	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	103,806	100.0%	103,806	100.0%	103,806	100.0%	103,806
Need help to do								
Without help	91.1%	94,567	66.6%	69,135	99.3%	103,079	88.7%	92,076
With help	8.9%	9,239	33.4%	34,671	0.7%	727	11.3%	11,730
Who helps								
No one	0.3%	311	3.4%	3,529	0.3%	311	0.0%	0
Professional	1.4%	1,453	4.9%	5,086	0.0%	0	0.2%	208
Spouse	2.7%	2,803	6.8%	7,059	0.3%	311	4.5%	4,671
Other family member	1.5%	1,557	8.9%	9,239	0.0%	0	4.2%	4,360
Non-relative	2.8%	2,907	8.3%	8,616	0.0%	0	2.3%	2,388
Other	0.3%	311	1.1%	1,142	0.1%	104	0.1%	104
Do not need help	91.1%	94,567	66.6%	69,135	99.3%	103,079	88.7%	92,076
Enough help								
All/Most of the time	7.0%	7,266	24.4%	25,329	0.1%	104	10.1%	10,484
Some of the time/Seldom	1.3%	1,349	4.8%	4,983	0.3%	311	0.9%	934
Never	0.2%	208	0.7%	727	0.0%	0	0.0%	0
Don't know/Refused	0.2%	208	0.1%	104	0.0%	0	0.3%	311
Have no help	0.3%	311	3.4%	3,529	0.3%	311	0.0%	0
Do not need help	91.1%	94,567	66.6%	69,135	99.3%	103,079	88.7%	92,076

	PREPARING MEALS		TAKING MEDICATIONS		MANAGING MONEY	
Central Region	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	103,806	100.0%	103,806	100.0%	103,806
Need help to do						
Without help	93.8%	97,370	97.0%	100,692	95.1%	98,720
With help	6.2%	6,436	3.0%	3,114	4.9%	5,086
Who helps						
No one	0.2%	208	0.0%	0	0.3%	311
Professional	0.4%	415	0.0%	0	0.1%	104
Spouse	2.7%	2,803	0.0%	0	1.5%	1,557
Other family member	0.7%	727	0.0%	0	2.7%	2,803
Non-relative	2.2%	2,284	0.0%	0	0.3%	311
Do not need help	93.8%	97,370	97.0%	100,692	95.1%	98,720
Not asked	NA	NA	3.0%	3,114	NA	NA
Enough help						
All/Most of the time	5.6%	5,813	0.0%	0	3.8%	3,945
Some of the time/Seldom	0.4%	415	0.0%	0	0.5%	519
Never	0.0%	0	0.0%	0	0.3%	311
Have no help	0.2%	208	0.0%	0	0.3%	311
Do not need help	93.8%	97,370	97.0%	100,692	95.1%	98,720
Not asked	NA	NA	3.0%	3,114	NA	NA

Service Awareness and Use

Central Region	Percent	Persons	Central Region	Percent	Persons
	100.0%	103,806		100.0%	103,806
Talk to about getting help with personal care (Q66)			Home-delivered meals available in community (Q68)		
Child/Family	23.1%	23,979	Yes	74.9%	77,751
Spouse	23.0%	23,875	No	8.5%	8,824
Physician	13.0%	13,495	Don't know/Refused	16.6%	17,232
Social service agency	9.3%	9,654	Need/Receiving home-delivered meals (Q69-Q70)		
Other relative	2.9%	3,010	Need it & am not receiving it	1.7%	1,765
Friend/Neighbor	1.9%	1,972	Need it & am receiving it	2.4%	2,491
Clergy/Minister/Priest/Rabbi	0.3%	311	Not need it but am receiving	6.0%	6,228
Other	7.7%	7,993	Do not need this service	89.6%	93,010
No one else, decide by myself	1.3%	1,349	Don't know/Refused	0.3%	311
Does not need assistance	0.8%	830	Why not receiving home-delivered meals (Q71)		
Don't know/Refused	16.7%	17,336	Not available	0.7%	727
Talk to about getting help with day-to-day activities (Q67)			Cannot afford	0.3%	311
Child/Family	24.0%	24,913	Don't like service provided	0.2%	208
Spouse	24.4%	25,329	Other	0.5%	519
Social service agency	8.3%	8,616	Don't know/Refused	0.3%	311
Physician	5.0%	5,190	Am receiving service	8.4%	8,720
Friend/Neighbor	4.9%	5,086	Do not need service	89.6%	93,010
Other Relative	3.0%	3,114	Provide with enough meals (Q72)		
Clergy/Minister/Priest/Rabbi	0.6%	623	Yes	1.8%	1,869
Other	7.5%	7,785	No	0.6%	623
No one else, decide by myself	1.6%	1,661	Do not need service	97.6%	101,315
Does not need assistance	3.1%	3,218	Concerned about having enough food (Q142)		
Don't know/Refused	17.6%	18,270	Yes	2.1%	2,180
Agency would contact about aging services in community (Q88)			No	97.8%	101,522
MO Division of Senior Services	19.7%	20,450	Don't know/Refused	0.1%	104
Local Senior Center	12.6%	13,080			
MO Div of Family Services	9.8%	10,173			
Area Agency on Aging	7.0%	7,266			
MO Dept of Health	3.5%	3,633			
MO Dept of Mental Health	0.0%	0			
Other	11.6%	12,041			
Don't know	35.8%	37,163			
Aware of toll-free number for information and referral (Q89)					
Yes	27.5%	28,547			
No	71.2%	73,910			
Don't know	1.3%	1,349			

Data Tables

Service Awareness and Use

Percent Aware of, Receiving & Needing Home-Delivered Meals by Selected Demographics

<i>Central Region</i>	Aware	Receiving	Unmet Need
All	74.9%	8.3%	2.3%
Age			
60-74	73.5%	5.8%	0.9%
75+	77.5%	13.1%	5.0%
Average Age	74.6	75.5	75.5
Sex			
Male	71.4%	7.8%	0.7%
Female	77.5%	8.7%	3.5%
Race			
White	75.3%	8.3%	2.1%
Other	76.4%	10.6%	10.6%
Income			
< \$10,000	71.4%	6.0%	2.7%
\$10-\$24,999	73.4%	4.8%	4.3%
\$25,000+	82.9%	7.3%	1.0%
Don't know/Refused	67.1%	14.6%	1.6%
Living Arrangement			
Live alone	76.5%	8.9%	4.9%
Married	75.1%	8.8%	1.3%
Live with others	66.0%	2.0%	0.7%

<i>Central Region</i>	Percent	Persons
	100.0%	103,806
Senior center in community (Q73)		
Yes	84.1%	87,301
No	6.8%	7,059
Don't know/Refused	9.1%	9,446
Go to a Senior Center (Q74)		
Yes	20.8%	21,592
No	78.9%	81,903
Don't know/Refused	0.3%	311
Why not go to a Senior Center (Q75)		
Don't need services offered	25.8%	26,782
Not available	15.9%	16,505
Not interested in services	15.7%	16,298
Not convenient	5.7%	5,917
No transportation	2.3%	2,388
Not old enough to go	2.0%	2,076
Don't feel welcome/belong	0.7%	727
Services needed not offered	0.2%	208
Other	9.3%	9,654
Don't know	1.6%	1,661
I go to a Senior Center	20.8%	21,592

Percent Aware Of & Go To Senior Center by Selected Demographics

<i>Central Region</i>	Aware	Go To
ALL	84.1%	20.8%
Age		
60-74	81.8%	12.9%
75+	88.3%	35.6%
Average Age	71.5	76.0
Sex		
Male	80.3%	16.9%
Female	87.0%	23.8%
Race		
White	83.8%	21.2%
Other	97.5%	5.5%
Income		
< \$10,000	83.6%	23.9%
\$10-\$24,999	83.8%	22.6%
\$25,000+	83.8%	17.0%
Don't know/Refused	85.0%	22.6%
Living Arrangement		
Live alone	85.9%	27.9%
Married	83.3%	19.1%
Live with others	84.2%	8.1%

Service Awareness and Use

<i>Central Region</i>	Percent	Persons
	100.0%	103,806
Assistance filling out forms available in community (Q76)		
Yes	52.1%	54,083
No	9.1%	9,446
Don't know/Refused	38.9%	40,381
Need/Receiving assistance with forms (Q77-Q78)		
Need it & am not receiving it	0.7%	727
Need it & am receiving it	3.7%	3,841
Not need it but am receiving	5.6%	5,813
Do not need this service	42.2%	43,806
Not asked	47.9%	49,723
Why not receiving assistance with forms (Q79)		
Don't like service provided	0.3%	311
Not available	0.2%	208
Other	0.2%	208
Receiving assistance with forms	9.3%	9,654
Don't need service	42.2%	43,806
Not asked	47.9%	49,723

Percent Receiving & Needing Assistance Filling Out Forms by Selected Demographics

<i>Central Region</i>	Available	Receiving	Unmet Need
ALL	52.1%	17.8%	1.2%
Age			
60-74	50.9%	16.8%	1.0%
75+	54.3%	19.5%	1.7%
Average Age	71.1	71.8	69.2
Sex			
Male	49.5%	13.5%	3.0%
Female	54.1%	20.8%	0.0%
Race			
White	51.7%	18.2%	1.3%
Other	72.3%	0.0%	0.0%
Income			
< \$10,000	42.5%	34.5%	3.8%
\$10-\$24,999	54.9%	18.8%	0.0%
\$25,000+	56.6%	7.0%	2.5%
Don't know/Refused	46.6%	27.9%	0.0%
Living Arrangement			
Live alone	50.6%	25.4%	0.0%
Married	51.8%	13.7%	2.0%
Live with others	60.5%	23.4%	0.0%

Note: Percentages for **Receiving** & **Unmet Need** are based on those who were asked the question.

<i>Central Region</i>	Percent	Persons
	100.0%	103,806
How often lack of transportation a problem (Q80)		
Always	1.4%	1,453
Nearly always	0.3%	311
Sometimes	4.5%	4,671
Seldom	3.1%	3,218
Never	90.4%	93,841
Don't know/Refused	0.3%	311
How often need to use public transportation (Q81)		
Always	1.7%	1,765
Nearly always	0.3%	311
Sometimes	3.4%	3,529
Seldom	6.8%	7,059
Never	87.9%	91,245
Public transportation system available (Q82)		
Yes	24.4%	25,329
No	69.4%	72,041
Don't know	6.2%	6,436
Public transportation meet all transportation needs (Q83)		
Yes	1.7%	1,765
No	1.4%	1,453
Don't use public transportation	96.6%	100,277
Don't know	0.4%	415
Why public transportation doesn't meet all needs (Q84)		
Day/Hour/Timing of service	0.3%	311
Destination outside area served	0.5%	519
Other	0.5%	519
Use public trans/meets needs	1.7%	1,765
Don't use public transportation	96.6%	100,277
Don't know/Refused	0.5%	519

Data Tables

Service Awareness and Use

<i>Central Region</i>	Percent	Persons
	100.0%	103,806
Transportation service available where can call in advance (Q85)		
Yes	74.4%	77,232
No	8.3%	8,616
Don't know	17.3%	17,958
Transportation service meet all transportation needs (Q86)		
Yes	6.0%	6,228
No	2.9%	3,010
Don't use a service	89.4%	92,803
Don't know	1.6%	1,661
Why transportation service doesn't meet all needs (Q87)		
Day/Hour/Timing of service	1.0%	1,038
Destination outside service area	0.2%	208
Physically unable to get to	0.3%	311
Other	1.0%	1,038
Use service & meets my needs	6.0%	6,228
Don't use service	89.4%	92,803
Don't know	2.1%	2,180
Need a daily check by someone (Q138-Q139)		
Need it & am not receiving it	1.5%	1,557
Need it & am receiving it	2.7%	2,803
Do not need this service	95.4%	99,031
Don't know/Refused	0.4%	415

Percent For Whom Lack of Transportation is a Problem Always, Nearly Always or Sometimes by Selected Demographics

<i>Central Region</i>	Lack of transportation is a problem
ALL	6.2%
Age	
60-74	3.9%
75+	10.5%
Average Age	73.9
Sex	
Male	5.4%
Female	6.8%
Race	
White	6.4%
Other	0.0%
Income	
< \$10,000	14.9%
\$10-\$24,999	6.5%
\$25,000+	3.1%
Don't know/Refused	6.7%
Living Arrangement	
Live alone	10.8%
Married	4.1%
Live with others	6.5%

Percent Receiving & Needing a Daily Check by Selected Demographics

<i>Central Region</i>	Receive	Unmet Need
ALL	3.9%	1.6%
Age		
60-74	1.6%	0.3%
75+	4.6%	3.7%
Average Age	77.4	77.2
Sex		
Male	0.8%	0.4%
Female	4.1%	2.3%
Race		
White	2.8%	1.5%
Other	0.0%	0.0%
Income		
< \$10,000	4.5%	0.0%
\$10-\$24,999	2.6%	2.4%
\$25,000+	1.2%	0.9%
Don't know/Refused	4.0%	1.8%
Living Arrangement		
Live alone	6.3%	2.1%
Married	1.0%	1.3%
Live with others	3.6%	0.0%

Data Tables

Health Care

<i>Central Region</i>	Percent	Persons	<i>Central Region</i>	Percent	Persons
	100.0%	103,806		100.0%	103,806
Health coverage use to pay for most of medical care (Q117-120)			Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicaid (Q122c)		
Medicare	75.0%	77,855	Yes	0.7%	727
Through your employer	10.8%	11,211	No	97.8%	101,522
Through someone else's employer	2.9%	3,010	Don't know/Refused	1.5%	1,557
A plan that you buy on your own	1.8%	1,869	Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicare (Q122d)		
Some other source	1.6%	1,661	Yes	2.3%	2,388
Military, CHAMPUS, TriCare	3.2%	3,322	No	97.2%	100,899
Medicaid or Medical Assistance	0.2%	208	Don't know/Refused	0.5%	519
None	3.7%	3,841	Time during the last 12 months when needed to see a doctor but could not because of limited hours/days service is available (Q122e)		
Don't know/Refused	0.8%	830	Yes	3.2%	3,322
Time during the last 12 months when needed to see a doctor but could not because of the cost (Q121)			No	96.3%	99,965
Yes	6.1%	6,332	Don't know/Refused	0.5%	519
No	93.9%	97,474	Time during the last 12 months when needed to see a doctor but could not take time off work (Q122f)		
Time during the last 12 months when needed to see a doctor but could not because of the lack of transportation (Q122a)			Yes	0.6%	623
Yes	2.8%	2,907	No	99.0%	102,768
No	97.1%	100,796	Don't know/Refused	0.4%	415
Don't know/Refused	0.1%	104	Time during the last 12 months when needed to see a doctor but could not because of other reasons (Q122g)		
Time during the last 12 months when needed to see a doctor but could not because could not get an appointment (Q122b)			Yes	2.7%	2,803
Yes	5.4%	5,606	No	96.8%	100,484
No	94.5%	98,097	Don't know/Refused	0.5%	519
Don't know/Refused	0.1%	104			

Health Care Coverage by Age Groups, Race and Income

<i>Central Region</i>	Medicare	Through Employer	Other	Have no coverage
ALL	75.0%	86.3%	6.8%	3.7%
Age				
60-74	64.4%	21.1%	8.8%	4.6%
75+	94.8%	0.0%	3.1%	2.1%
Race				
White	75.4%	14.0%	6.5%	3.3%
Other	53.6%	6.4%	21.1%	18.9%
Income				
< \$10,000	77.4%	1.6%	9.9%	11.1%
\$10,000+	71.1%	18.8%	7.9%	3.2%
Don't know/Refused	86.3%	5.9%	2.9%	2.1%

Data Tables

Social Support

Central Region	Percent	Persons
	100.0%	103,806
Talk on the telephone (Q132)		
Every day	56.5%	58,650
Several times a week	29.0%	30,104
Once a week	8.1%	8,408
Less than once a week	3.7%	3,841
Almost never	1.5%	1,557
Don't know/Refused	1.2%	1,246
Visit someone who does not live with you (Q133)		
Every day	21.6%	22,422
Several times a week	37.9%	39,342
Once a week	24.4%	25,329
Less than once a week	10.3%	10,692
Almost never	3.7%	3,841
Don't know/Refused	2.1%	2,180
Number of close friends who would help with emotional problems (Q134)		
None	8.3%	8,616
One	7.9%	8,201
Two	13.8%	14,325
Three or more	63.3%	65,709
Don't know/Refused	6.7%	6,955
Someone who would care for you (Q135)		
Yes	82.6%	85,744
No	12.4%	12,872
Don't know/Refused	4.9%	5,086
Length of time could provide care (Q136)		
No one to care for me	12.4%	12,872
As long as needed	58.7%	60,934
Only for a short time	13.1%	13,599
Only now and again	3.0%	3,114
Don't know/Refused	12.8%	13,287
Relationship to caregiver (Q137)		
No one to care for me	12.4%	12,872
Spouse	33.6%	34,879
Child	28.2%	29,273
Grandchild	0.7%	727
Other relative	3.4%	3,529
Friend/Neighbor	5.3%	5,502
Other	3.3%	3,426
Don't know/Refused	5.2%	5,398

Central Region	Percent	Persons
	100.0%	103,806
Other(s) in household limited by impairment/health problem (Q140)		
Yes	17.0%	17,647
No	52.6%	54,602
No others in household	30.3%	31,453
Don't know/Refused	0.3%	311
Caregiver for another person (Q141)		
Yes	8.7%	9,031
No	62.4%	64,775
No others in household	28.8%	29,896
Preference if needed help at home (Q143)		
In-home service agency	36.0%	37,370
Find and hire by oneself	36.7%	38,097
Don't know/Refused	27.3%	28,339

Percent with No Possible Caregiver

Central Region	No Caregiver
ALL	12.4%
Age	
60-74	9.3%
75+	18.4%
Sex	
Male	7.9%
Female	15.9%
Race	
White	12.4%
Other	8.3%
Income	
Less than \$10,000	20.2%
\$10,000+	10.4%
Fair or Poor Health	
Yes	18.7%
No	9.8%
Functionally Limited	
Yes	18.1%
No	8.9%
Living Arrangement	
Live alone	20.7%
Married	8.6%
Live with others	13.1%

Social Support

<i>Central Region</i>	Percent	Persons	<i>Central Region</i>	Percent	Persons
	100.0%	103,806		100.0%	103,806
Own or rent (Q129)			Discriminated against because of age (Q145)		
Own	86.3%	89,585	Most of the time	0.3%	311
Rent	10.8%	11,211	Some of the time	2.8%	2,907
Other	2.0%	2,076	Seldom	6.1%	6,332
Don't know/Refused	1.0%	1,038	Never	87.8%	91,142
Type of housing (Q130)			Don't know/Refused	3.0%	3,114
House	81.6%	84,706	Discriminated against because of race (Q146)		
Apartment	4.0%	4,152	Most of the time	0.0%	0
Mobile home	6.9%	7,163	Some of the time	0.0%	0
Condo	4.0%	4,152	Seldom	2.3%	2,388
Duplex	1.9%	1,972	Never	95.6%	99,239
Retirement home	0.6%	623	Don't know/Refused	2.1%	2,180
Other	0.8%	830	Racial or ethnic discrimination prevented receipt of needed services (Q147)		
Refused	0.2%	208	Yes	0.0%	0
Time lived at current residence (Q131)			No	2.3%	2,388
1-5 months	1.3%	1,349	No discrimination	97.7%	101,418
6-11 months	2.6%	2,699	Know of elder abuse/neglect in community (Q148)		
12-23 months	3.8%	3,945	Yes	1.6%	1,661
2 or more years	91.6%	95,086	No	97.5%	101,211
Refused	0.7%	727	Don't know/Refused	0.9%	934
Considering moving to a place where can get more help (Q144)			Kind of abuse/neglect (Q149) (More than one response accepted)		
Within the next six months	0.6%	623	Physical	0.9%	934
Within one year	0.3%	311	Emotional	1.1%	1,142
In one or two years	0.5%	519	Financial	0.8%	830
Sometime in the future	9.0%	9,343	Do not know of any abuse	98.4%	102,145
Not considering moving	86.5%	89,792	Aware of abuse/neglect hotline (Q90)		
Don't know/Refused	3.1%	3,218	Yes	39.2%	40,692
Neighborhood safe from crime (Q128)			No	59.0%	61,246
Extremely safe	38.3%	39,758	Don't know/Refused	1.8%	1,869
Quite safe	55.3%	57,405			
Slightly safe	4.7%	4,879			
Not at all safe	0.8%	830			
Don't know/Refused	0.9%	934			

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**2000 Missouri Older Adult Needs Assessment
Southwest Region**

**Missouri Area Agencies on Aging
Missouri Department of Health and Senior Services**

March 2003

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Population

- As the "baby boom" generation begins to gray, the older population is expected to double in the United States over the next 30 years.
- Missouri's age 65 and older population has increased 5% from 1990 to 2000; the 85+ age group has grown 21%. The Southwest region has experienced a 12% increase in their age 65 and older population, and a 30% growth in the 85+ age group.
- The age of seniors surveyed ranges in years from 60 to 92, with an average of 72 years. Women are on average older than men, reflecting the longer life expectancy of females.
- Marital status and living arrangement are closely linked to an older adult's income, health status and the availability of caregivers. Marital status and living arrangement vary among age and sex. As age increases, the number of seniors living alone significantly increases. Men are more likely than women to be married at every age level.
- Household income decreases as age increases. Women are more likely than men to report incomes under \$10,000, a function of a women's lifelong economic dependency on her spouse and her greater likelihood of widowhood.

Health Status

- Self-rated health is a simple but informative summary measure of health. Seventy-one percent of seniors assess their health as good, very good or excellent; 29% feel their health to be fair or poor.
- Self-rated health differs by socioeconomic indicators. The more education received, and the higher the income, the better the health rating.

- Almost one-third of seniors are limited in activities because of an impairment or health problem. Those rating their health as fair or poor are also more likely to report health problems limiting their activities.

Functional Status

- Functional limitation and whether a person receives assistance serve as key indicators of an older person's ability to live independently and remain in the community. Over one-third, 35%, need help in performing one or more everyday activities. As age increases, functional limitations increase. Women are more likely to need help, again reflecting the older average age of females.
- The majority of seniors are receiving the necessary help with their everyday activities, most often aided by family members. Yet, 11% are not getting the help or are in need of more help. Walking is the most likely activity of daily living (ADL) where assistance is not being received. Heavy house cleaning is the instrumental activity of daily living (IADL) need that most often goes unmet.

Service Awareness and Use

- Most seniors will talk with their families when they need someone to help with their personal care or day-to-day activities. There is a substantial number of elders though who do not know who they would speak with when they need help.
- Fourteen percent of older adults would contact a local Senior Center, and 12% the Area Agency on Aging, to find out about aging services in their community; 44% do not know which agency to contact. Almost one-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services.

Highlights

- The majority of seniors, 68%, are aware of home-delivered meals. Six percent report receiving either home delivered meals or meals on wheels, based on this survey. 2% need meals but are not having them delivered, or feel the service they are getting does not provide them with enough meals.
- Most older adults, 81%, know of a senior center in their community where they can go to eat meals and participate in activities. Sixteen percent visit a center in their community.
- Assistance filling out Medicare, insurance or other forms is thought to be available in the community by 56% of seniors. Almost one-fourth of seniors report receiving such help. Less than one percent say they could use this help but are not receiving it.
- Lack of transportation is a problem for 7% or about 10,641 older adults in the region. Women, those living alone, and lower income seniors more often find lack of transportation a problem.
- While one-fourth of seniors are aware of a public transportation system available to them, only 4% need to use a public transportation system and for most using public transportation, it meets all their needs.
- Two-thirds of seniors are aware of a transportation service where you can call in advance. Nine percent report using this service, and for most it meets all their transportation needs.
- Over 90% of elders do not need a daily check by someone to be sure they are okay. Five percent of older adults receive such a check; one percent feel they need it but are not getting it.
- 65 are most likely to be covered by their own or someone else's employer.
- Four percent, an estimated 5,625 seniors, report having no health insurance. The majority of the uninsured are under age 65.
- Cost, not being able to get an appointment, and limited service days/hours are the most often cited reasons for not being able to see a doctor when needed.

Social Support

- Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. Most seniors, 92%, talk on the telephone at least weekly. Face-to-face interactions occur less frequently but still 80% manage to visit someone outside their home at least once a week.
- Nine percent of older adults, or an estimated 14,140 persons, have no one who would care for them if they became sick or disabled. For those who have a potential caregiver, it is most likely to be a spouse or child, and someone who is able to care for them as long as needed.
- Around 85% of older adults own their home, 83% live in a house and 89% have lived at their current residence for two years or more. The majority, 91%, consider their neighborhoods to be extremely or quite safe from crime.
- Most older adults have never been discriminated against in the past year because of their age (88%) or their race (97%).
- Only 2% of seniors are aware of older adults in their community who have been abused or neglected. Over one-fourth, 28%, are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

Health Care

- Medicare is the most common health care coverage for those age 65 and older. Those under

Since 1900 the percentage of Americans age 65 and older has more than tripled. The older population will continue to grow significantly and is expected to double over the next 30 years as the "baby boom" generation begins to "gray".¹ The fastest growing segment of the older population is the group 85 years old and older.

Missouri's age 65 and older population has increased 5% from 1990 to 2000. Consistent with the nation, Missouri's 85+ age population has had the greatest rate of growth among age cohorts in the state, increasing 21% over the last 10 years.² The Southwest region (see pg. 5) has experienced a growth greater than the state: the age 65 and over population has increased 12% and the 85+ age group, 30%.³

In America, and in Missouri as well, one can expect to spend a significant number of years in old age. Quality of life in later years is directly influenced by an older person's health and level of physical and cognitive functioning. Good health, the ability to live independently in the community and affordable health care are concerns not only for the older person but for society as a whole. Younger persons who care for their aging relatives face financial and emotional challenges. For society, the financing of health care services for seniors is a significant outlay of resources.⁴

In order to effectively address the needs of the older population in Missouri, quality data are needed for assessing functional status, health behaviors and needed assistance. The Missouri Department of Health and Senior Services (formerly the Department of Health and the Division of Aging within the Department of Social Services) and the ten Missouri Area Agencies on Aging (AAA) have conducted a statewide study of older adults, 60 years of age or older, and have targeted minority populations. Analysis of this information will serve as a foundation for program policies to address the needs of this growing population and to improve the quality of life for Missouri's seniors.

Survey Design and Administration

The Missouri Department of Health and Senior Services (DHSS), Division of Chronic Disease Prevention and Health Promotion (CDPHP) designed the needs assessment study, developed the survey questionnaire and conducted the telephone interviews. There were two phases to the study. The first phase sampled the entire state. The second phase targeted minority populations in metro Kansas City, metro St. Louis and the Bootheel region.

The statewide study was designed to provide statewide representation of the population age 60 and older. A disproportionate stratified random sample was used, stratifying by regions that roughly correspond to DHSS districts. This report covers the Southwest region (See Sampling Regions, pg. 5).

Trained interviewers from the CDPHP placed the calls and interviewed only respondents age 60 or older. Proxy respondents were allowed if the respondent was unable to speak on the telephone because of a hearing problem or physical disability. Interviewing occurred June 23, 2000 through March 8, 2001. A total of 2,757 surveys were completed for the statewide study; 401 surveys were conducted among seniors in the Southwest region.

Analysis

The CDPHP has applied the Behavioral Risk Factor Surveillance System (BRFSS) weighting formula to all data collected.⁵ Weighting allows for controlling all known sources of bias and a regional stratification adjustment and post-stratification weight to compensate for non-response and non-coverage of households without telephones. Upon weighting, sample proportions of selected demographic characteristics equal the estimated sample proportions of the population, and the sample size equals Missouri's age 60 and older, non-institutionalized population based on 1990 Census data.

To arrive at population estimates based on 2000 Census data, sample percentages have been ap-

Introduction

plied to the age 60 and older population obtained from the 2000 Census, excluding an estimate of the age 65+ institutionalized population. The institutionalized, age 65+ population from the 2000 Census is not yet available on a county level so an estimate of this population for the Southwest region has been determined using the following methodology. Statewide, 50% of the institutionalized population is age 65 or older; it has been assumed that 50% of the region's institutionalized population is also age 65 and older. Half of the institutionalized population has then been deducted from the age 65 and older population, with the resulting total added to the age 60-64 population to arrive at the regional estimate. This estimate has been used as the basis to provide further estimates of certain populations, as noted throughout the report and in the Data Tables section starting on page 22.

Chi-square tests and *t*-tests were conducted at the 95% confidence level to determine statistically significant differences. Where noted in the report, a significant difference means statistical significance at the 95% confidence level.

Population Estimate for the Southwest Region	
65+ population	120,562
- 50.283% of institutionalized population	5,547
Estimated 65+, non-institutionalized population	115,015
+ 60-64 population	37,009
Estimated 60+, non-institutionalized population	152,024

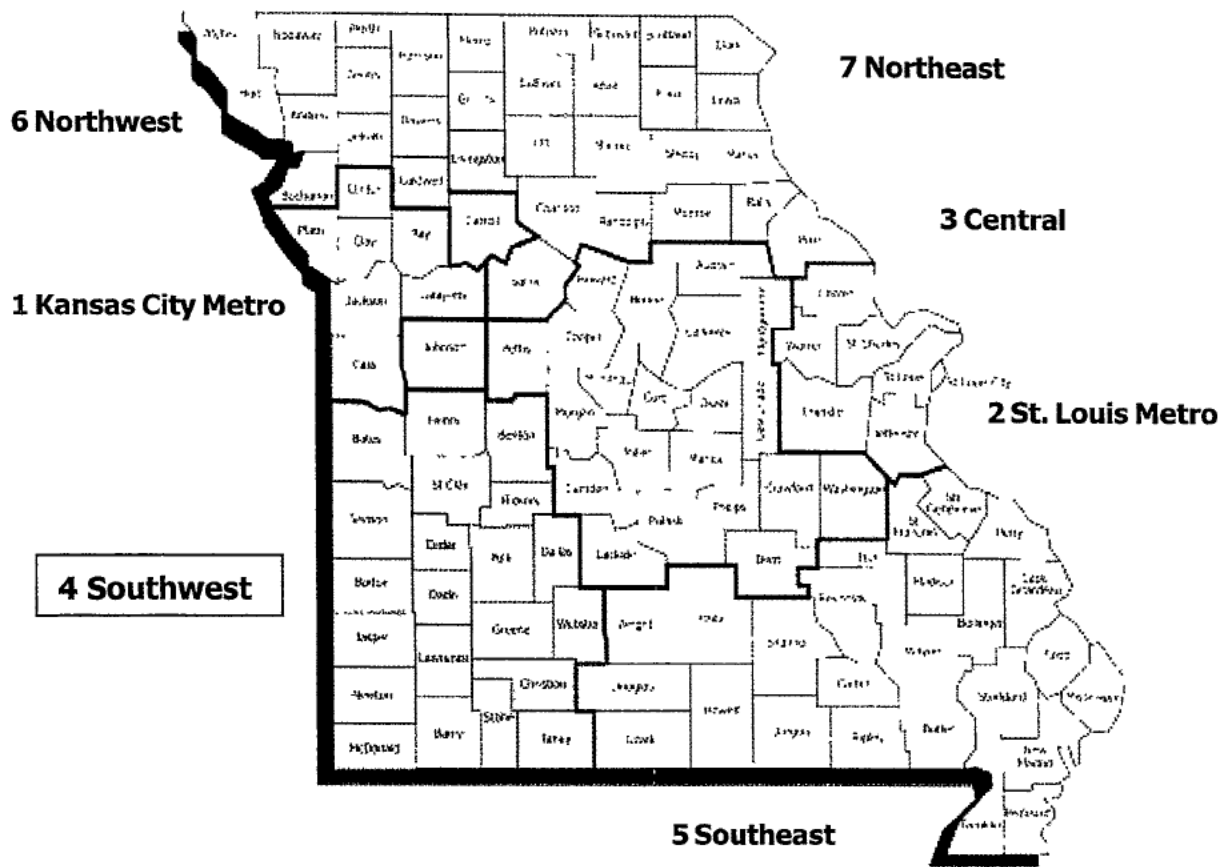
Report Organization

This report is a summary of the data collected from the statewide study for the Southwest region. The first section details selected demographic characteristics of the surveyed older population. The second section covers health status measures and health habits while section three presents measures of functional status. The fourth section explains awareness and usage of selected community aging services. Section five highlights health care coverage and the last section covers issues regarding social activity, caregiving, discrimination, abuse and neglect, and neighborhood safety. At the end of the report is a section of data tables that provides supporting data for the report and population estimates based on the 2000 U.S. Census non-institutionalized, age 60 and older population.

References

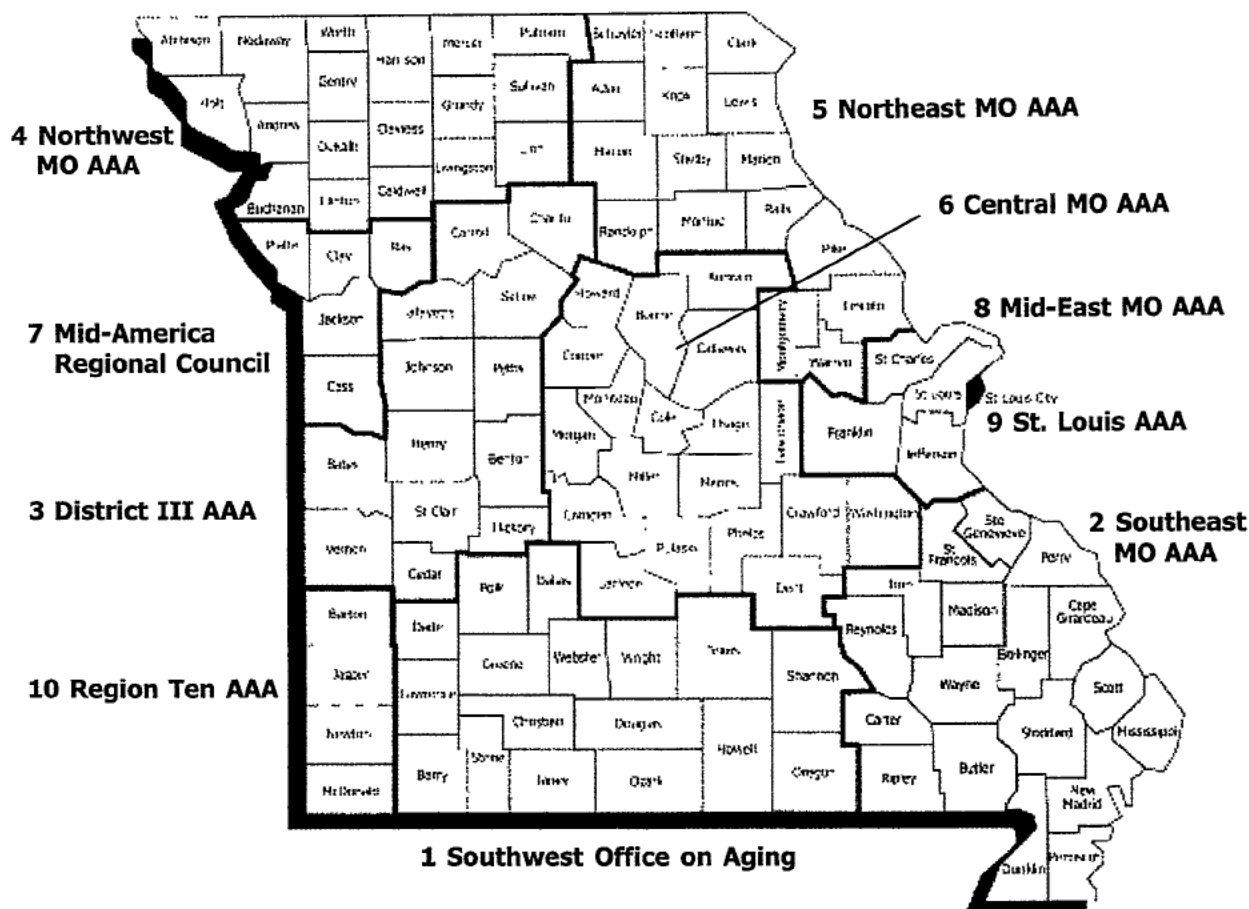
- ¹ A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services
- ² Regional Profiles, OSEDA-Office of Social and Economic Data Analysis, www.oseda.missouri.edu/regional_profiles/pchseniorpop_1990_2000.html
- ³ Basic Demographic Profile Trend Report 1990-2000, Missouri Census Data Center, www.mcdc.missouri.edu
- ⁴ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.
- ⁵ National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Factor Surveillance System, www.cdc.gov/nccdphp/brfss/, Frequently Asked Questions (FAQs)

Sampling Regions



- 1 Cass, Clay, Clinton, Jackson, Lafayette, Platte, Ray
- 2 Franklin, Jefferson, Lincoln, St. Louis City, St. Louis County, St. Charles, Warren
- 3 Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Washington
- 4 Barry, Barton, Bates, Benton, Cedar, Christian, Dade, Dallas, Greene, Henry, Hickory, Jasper, Lawrence, McDonald, Newton, Polk, St. Clair, Stone, Taney, Vernon, Webster
- 5 Bollinger, Butler, Cape Girardeau, Carter, Douglas, Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Reynolds, Ripley, Ste. Genevieve, St. Francois, Scott, Shannon, Stoddard, Texas, Wayne, Wright
- 6 Andrew, Atchison, Buchanan, Caldwell, Carroll, Daviess, DeKalb, Gentry, Harrison, Holt, Johnson, Nodaway, Worth
- 7 Adair, Chariton, Clark, Grundy, Knox, Lewis, Linn, Livingston, Macon, Marion, Mercer, Monroe, Pike, Putnam, Ralls, Randolph, Saline, Scotland, Schuyler, Shelby, Sullivan

Area Agency on Aging Regions



- 1** Barry, Christian, Dade, Dallas, Douglas, Greene, Howell, Lawrence, Oregon, Ozark, Polk, Shannon, Stone, Taney, Texas, Webster, Wright
- 2** Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Perry, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Stoddard, Wayne
- 3** Bates, Benton, Carroll, Cedar, Chariton, Henry, Hickory, Johnson, Lafayette, Pettis, Saline, St. Clair, Vernon
- 4** Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Putnam, Sullivan, Worth
- 5** Adair, Clark, Knox, Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Randolph, Schuyler, Scotland, Shelby, Warren
- 6** Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski, Washington
- 7** Cass, Clay, Jackson, Platte, Ray
- 8** Franklin, Jefferson, St. Charles, St. Louis
- 9** St. Louis City
- 10** Barton, Jasper, McDonald, Newton

Note: See pg. 36 for contact information.

Demographic Characteristics

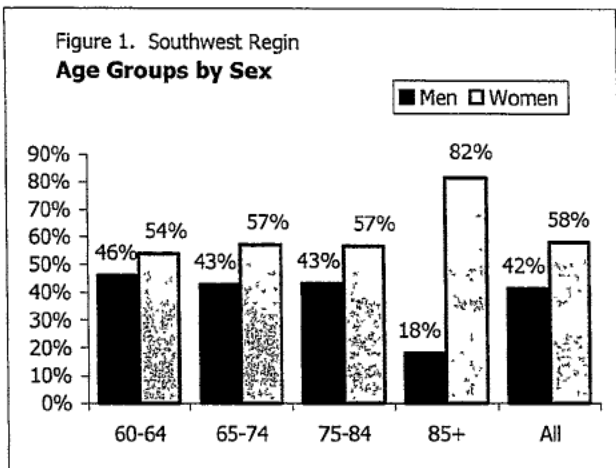
The age of seniors surveyed ranges in years from 60 to 92, with an average of 72 years. Women account for the majority surveyed (Figure 1). On average, women are older than men, 71 vs. 69, reflecting the longer life expectancy of women.

The majority of older adults interviewed are white; 0.6% report themselves as black, and 0.8% as a race other than white or black (Data Tables, pg. 22). For analysis purposes, races other than white will be grouped into a category called Other.

Marital Status, Living Arrangement

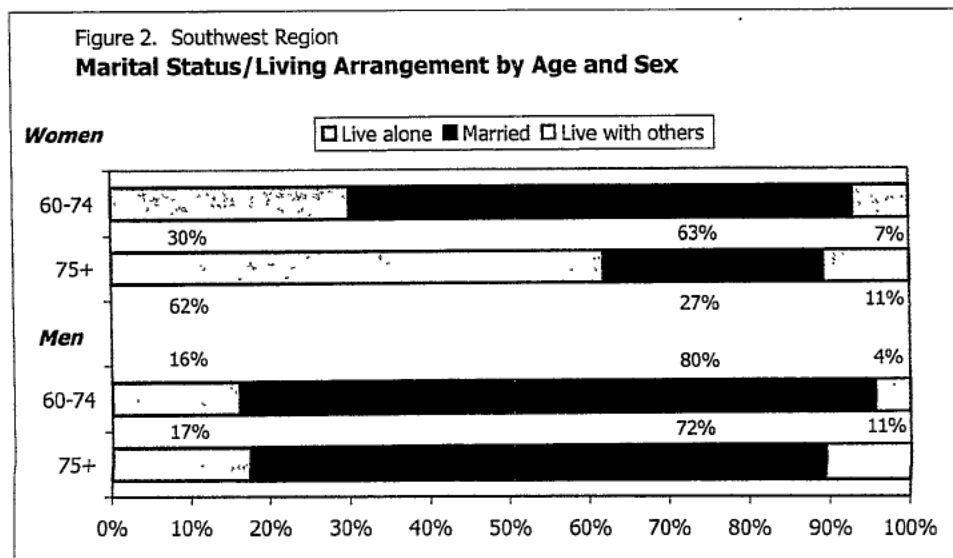
Marital status and living arrangement impact older adults' well-being as they are closely linked to income, health status, and the availability of potential caregivers. Consistent with U.S. Census data¹ and national health study data², marital status and living arrangement of Missouri's seniors vary considerably by age, sex and race.

Living arrangement is defined by marital status and the number of people residing in the household. An assumption was made that if the respondent is married and living with another person, that respondent is living with his/her spouse.



For analysis purposes, marital status and living arrangement are combined into the following categories: married and living with others; living alone; living with others.

The number of seniors living alone increases with age. Only 24% of adults aged 60 to 74 live alone; that percentage jumps to 45% for the 75+ age group (Data Table, pg. 22). Men are more likely than women to be married at both age levels, reflecting the fact that men are often outlived by their wives, marry women younger than themselves and remarry more frequently (Figure 2).



Population

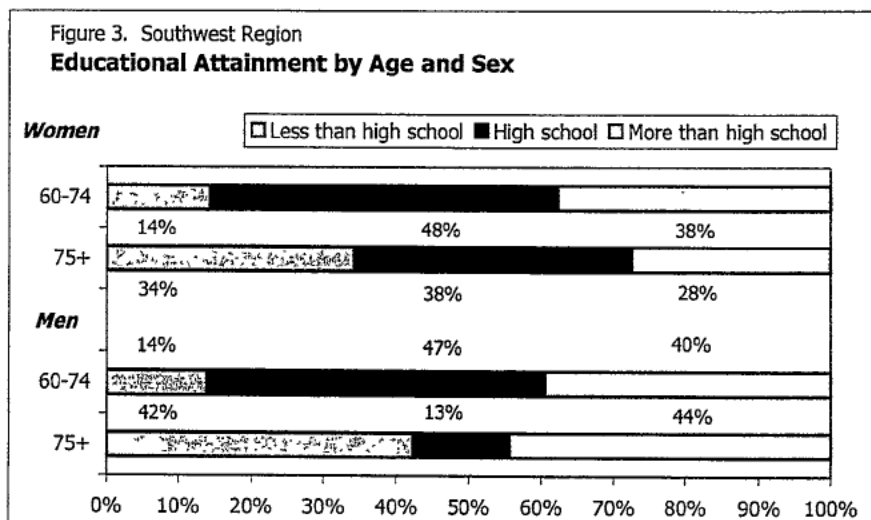
Educational Attainment

Higher levels of education are usually correlated with higher incomes, higher standards of living, and above-average health status among older adults. Thus, education can have an indirect influence on a person's well-being.³

Over three-fourths of older adults, 77%, have received at least a high school education. Those

who did not finish high school are on average older than those who graduated high school (Data Tables, pg. 23).

Education levels are similar among men and women for the younger old. For the 75+ age group, women are more likely to have finished high school while men are more likely to have gone on to college (Figure 3).

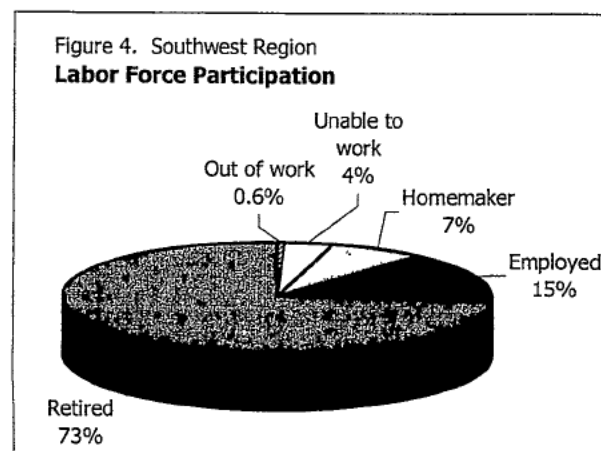


Labor Force Participation

Almost three-fourths of older adults are retired; 15% are employed (Figure 4). Employed seniors who average 66 years of age are younger than retirees, who average 73 years of age. Men are more likely than women to be in the work force (Table 1).

Table 1. Southwest Region
Percent Employed by Age and Sex

	Men	Women	ALL
ALL	21%	11%	15%
60-64	45%	24%	34%
65-74	19%	13%	16%
75-84	6%	3%	4%
85+	0%	0%	0%

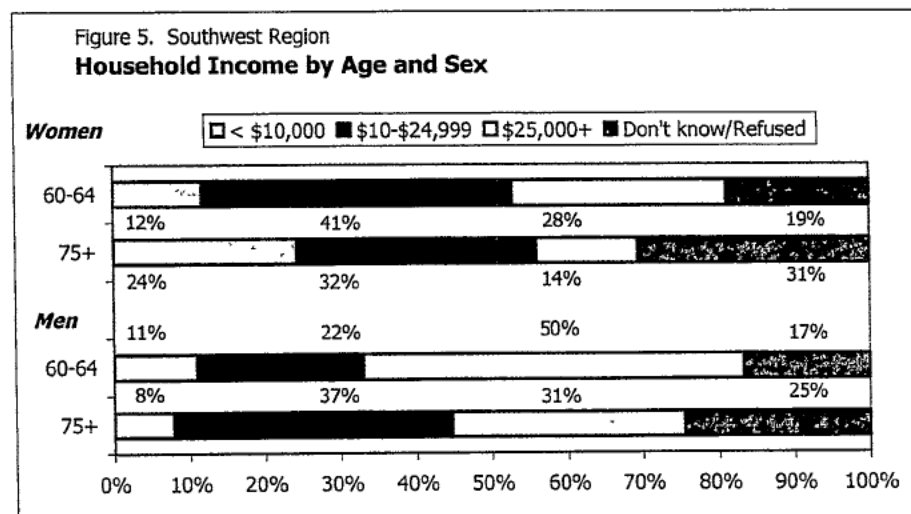


Household Income

An older adult's income has a direct bearing on his or her quality of life. Persons with inadequate income risk lack of food, housing, health care and needed services. Socioeconomic status has been proven to affect a person's health.⁴

Annual household income is less than \$25,000 for 47% of seniors; 8% have incomes of \$50,000 or more (Data Tables, pg. 23). Twenty-two percent of respondents either refused to report their income or did not know their income. This is more prevalent among the older old.

As age increases, household income decreases for both men and women (Figure 5). Men are more likely than women to report higher incomes. Women are more likely than men to report incomes of under \$10,000, a function of a woman's lifelong economic dependency on her spouse and her greater likelihood of widowhood.



References

¹ Current Population Reports. The Older Population in the United States. U.S. Census Bureau. March 1999.

² National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

³ Federal Interagency Forum on Aging-Related Statistics. Older Americans 2000: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics, Washington, DC: U.S. Government Printing Office. August 2000.

⁴ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vo. 279 Issue 21 06/03/98, 1703-1709.

Health Status

Self-Rated Health

Self-assessed health is one of the simplest but most informative measures of health, summarizing physical, emotional and social aspects of well-being. Research has found self-rated health to highly correlate with mortality, and has demonstrated that older persons who report their health as poor are at increased risk for declines in physical functioning.¹

Seventy-one percent of seniors assess their health as good, very good or excellent while 29% report their health as fair or poor (Data Tables, pg. 24). Percentages of fair and poor health are similar among men and women (Figure 6).

National studies^{1,2} and the 1994 Needs Assessment study have found black seniors to be more likely to report worse health. In this study, the percentage who report poor health is greater for white than minority seniors, though it is not a statistically significant difference (Figure 7).

Differences in health outcomes by socioeconomic position have been recognized as a persisting public health problem. The Americans' Changing Lives (ACL) longitudinal study found that lower levels of education and income are associated with a significantly higher prevalence of health risk behaviors, including smoking, being overweight and physical inactivity.³

Figure 6. Southwest Region

Percent Who Report Fair or Poor Health by Age and Sex

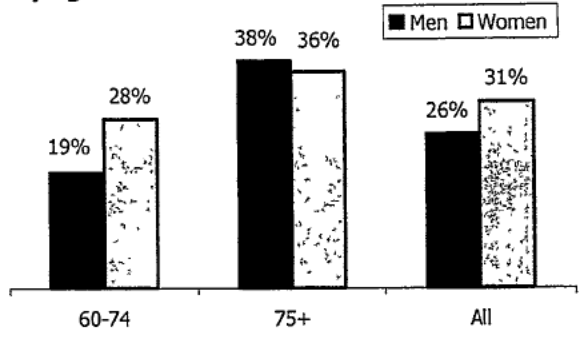
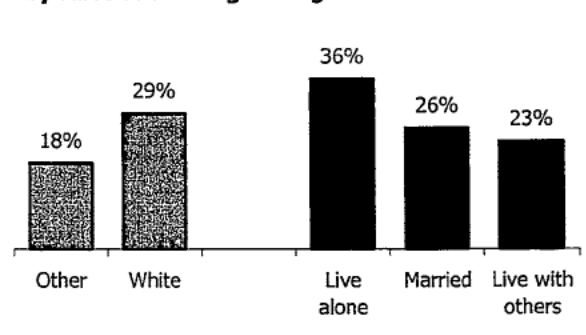


Figure 7. Southwest Region

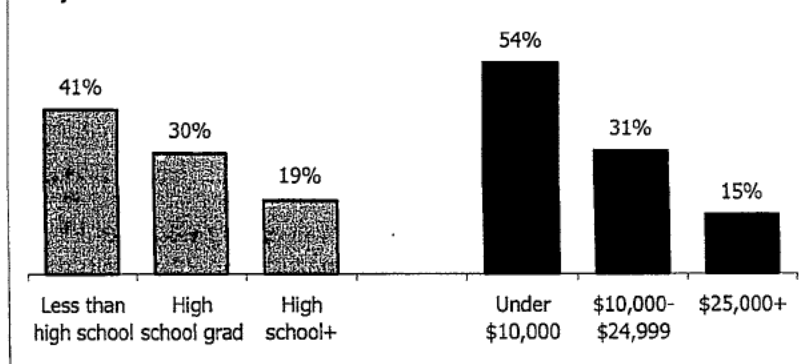
Percent Who Report Fair or Poor Health by Race and Living Arrangement



Seniors' perception of their health also differs significantly in this study by the socioeconomic indicators of educational attainment and household income. Self-rated health improves as education and income increase. Those who have received less than a high school education are significantly more likely than those with an education beyond high school to report fair or poor health (Figure 8).

Figure 8. Southwest Region

Percent Who Report Fair or Poor Health by Education and Household Income



Over half of seniors with incomes under \$10,000 report fair or poor health. In contrast, only 15% of those with incomes \$25,000 or greater assess their health as fair or poor (Figure 8).

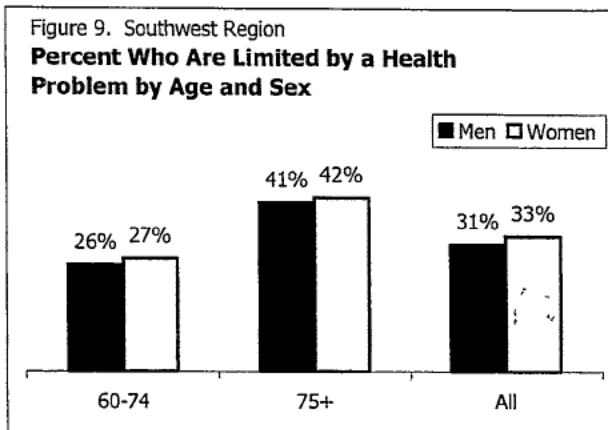
Health Limitations

Chronic diseases such as arthritis affect the quality of life and contribute to disability and the inability to live independently. Almost one-third of seniors are limited in activities because of an impairment or health problem. Arthritis/rheumatism (6%), a heart problem (5%), a walking problem (5%), and back/neck problems (3%) are the major afflictions reported as limiting activities (Data Tables, pg. 24).

Women and men are equally likely to report their activities are limited by a health problem (Figure 9). As expected, those rating their health as fair or poor are more likely than those with a good to excellent self-health rating to indicate their activities are limited because of a health problem (Data Tables, pg. 24).

Eighteen percent of elders report having trouble learning, remembering or concentrating because of an impairment or health problem (Data Tables, pg. 24).

Survey participants were asked a variety of questions regarding how many days in the past 30 days they felt healthy, and how many days they were affected by poor physical health, poor mental health, and sleep deprivation. (Table 2; Data Tables, pg. 25)



Days of Good Health

The majority of seniors have felt very healthy and full of energy at least one day in the past 30 days. Those reporting at least one day of good health average 25 good days.

Days of Poor Health

Around one-third of seniors have had one or more days in the past 30 where their physical health was not good, averaging 16 poor days. Pain made it hard for one-fourth of older adults to do their usual activities at least one day in the past month, inhibiting activities for an average of 15 days.

Table 2. Southwest Region
Percent Who Report At Least 1 Day in the Past 30 Days

	Percent	Estimated Persons	Average # of Days
Felt very healthy & full of energy	72%	110,065	24.8
Physical health was not good	35%	52,600	16.3
Pain made it hard to do activities	24%	36,486	15.4
Mental health was not good	13%	19,915	12.7
Felt sad, blue, depressed	22%	33,445	11.9
Felt worried, tense, anxious	27%	41,351	11.2
Did not get enough rest/sleep	32%	48,496	12.7
Poor health kept you from activities	16%	24,324	16.4

Poor mental health days have been experienced by 13% of seniors, who average 13 poor days; 22% have had at least one day where they felt sad, blue or depressed and average 12 such days; over one-fourth have felt worried, tense or anxious and average 11 days; one-third did not get enough rest or sleep, averaging 13 days.

Poor physical or mental health has kept an estimated 24,324 seniors from doing their usual activities for an average of 16 days in the past month.

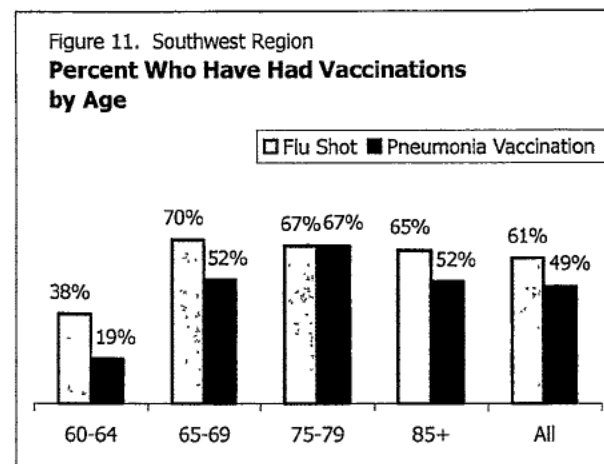
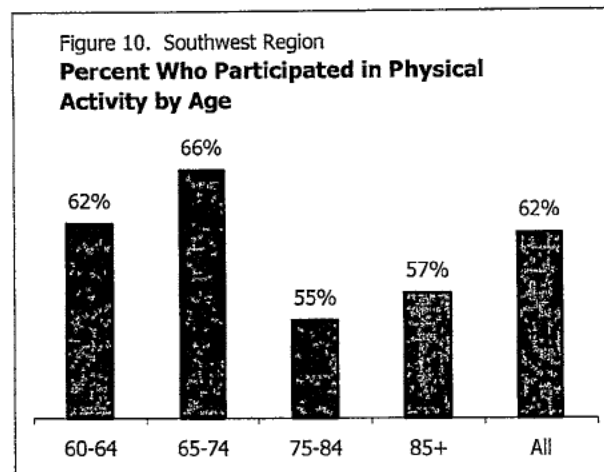
Health Status

Health Habits

Research has shown that physical activity has many health benefits: reducing the risk of certain chronic diseases, relieving symptoms of depression, helping to maintain independent living, and enhancing the overall quality of life. Over 60% of older adults have participated in physical activities or exercised in the past month; participation declines with age (Figure 10).

The most popular activities seniors participate in are walking and gardening. For those who do exercise, they do so several times a week (Data Tables, pg. 26).

Older adults are at a higher risk of contracting and suffering from consequences of the flu or pneumonia. An annual flu shot and a pneumonia vaccination are recommended for adults age 65 and older. Over half of seniors have had a flu shot in the past year, with the majority receiving their shot at a doctor's office (Data Tables, pg. 36). Almost half have had a pneumonia vaccination (Figure 11).



References

¹ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

² A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services

³ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vol. 279 Issue 21 06/03/98, 1703-1709.

The functional ability of an older person declines with age. Functional limitation and whether a person receives assistance serve as key indicators of an older person's ability to live independently in the community and have implications for service delivery, quality of life, and life expectancy. Functional status is commonly defined in terms of the ability to perform certain tasks of daily living. Researchers group these tasks into two categories: essential activities of daily living (ADL) and the more complex instrumental activities of daily living (IADL). The ADLs included in this survey are eating, bathing, dressing, toileting, getting in/out of bed, walking, getting around the house, and getting outside. IADLs include light housework, heavy housework, using the telephone, shopping, preparing meals, taking medication and managing money.

For each ADL and IADL, respondents were asked how much difficulty they had performing each task, who helped them if they had difficulty and if it was enough help. Respondents are considered to have difficulty with an ADL or IADL if they report needing some help or unable to do without help. Consistent with other studies, those who report they do not do an ADL are counted as having difficulty.¹ Because ADLs are fundamental to the existence of the person, it is likely the respondent who "does not do" a specific activity is limited. The percentage of those reporting "doesn't do for other reason" is less than one percent for any given ADL. Unlike ADLs, IADLs are not necessities of life and may not be done for reasons other than disability. Thus, those who report they do not do a specific IADL are not counted as limited.

ADL and IADL Difficulties

One-third of seniors need some help performing either ADLs or IADLs (Figure 12). Mobility is the most prevalent ADL difficulty with 12% having trouble walking, getting around the house, and/or getting outdoors; 3% have difficulty with personal care activities (Figure 13). Overall, 12% have ADL difficulties.

More seniors need help with IADLs than with ADLs, 33% vs. 12% respectively. Help is most

Figure 12. Southwest Region
Functional Limitations

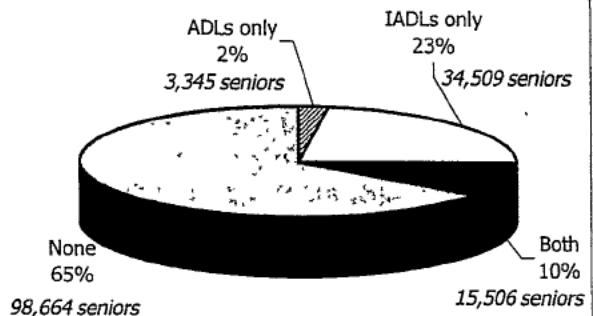
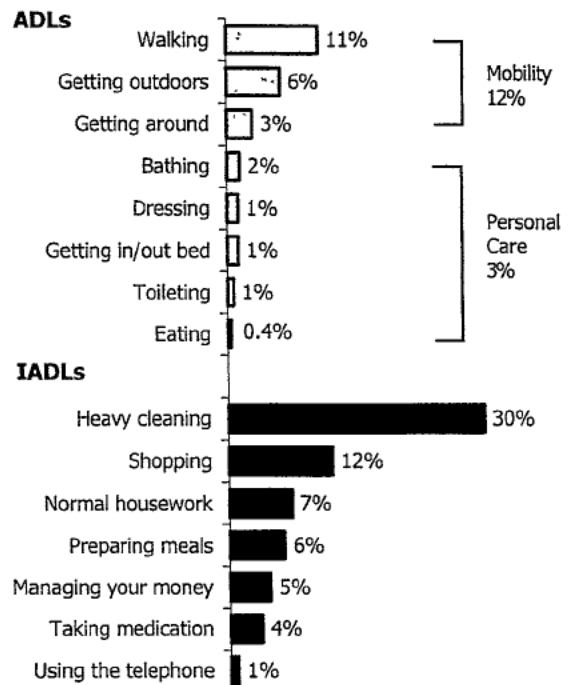


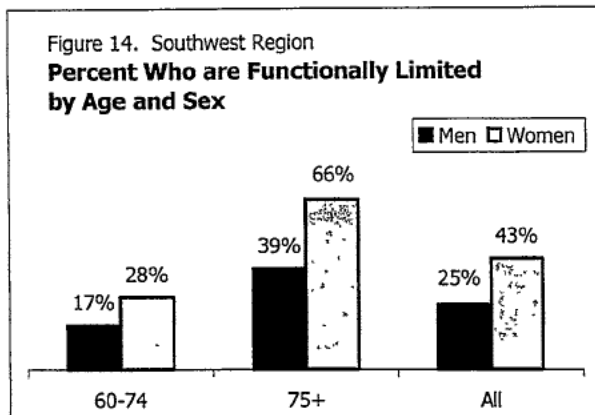
Figure 13. Southwest Region
Percent with ADL and IADL Difficulties



often required with cleaning and shopping (Figure 13).

Seniors with functional limitations are on average older than those who are not limited, 76 vs. 70 years old. Women more than men are likely to need assistance with ADLs and/or IADLs (Figure 14),

Functional Status



Assistance with Functional Limitations and Unmet Needs

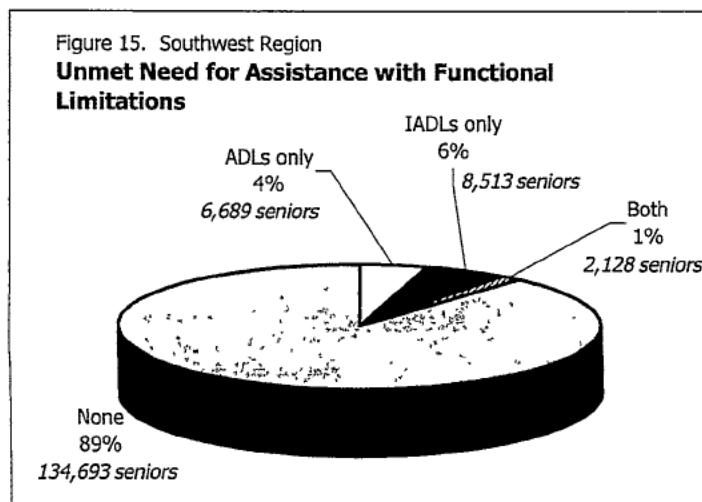
Some seniors are able to overcome their difficulties in performing daily activities through the use of assistive devices; many others require personal assistance. The majority of elders are receiving the necessary assistance and in most cases, it is enough help (Data Tables, pgs. 27-28).

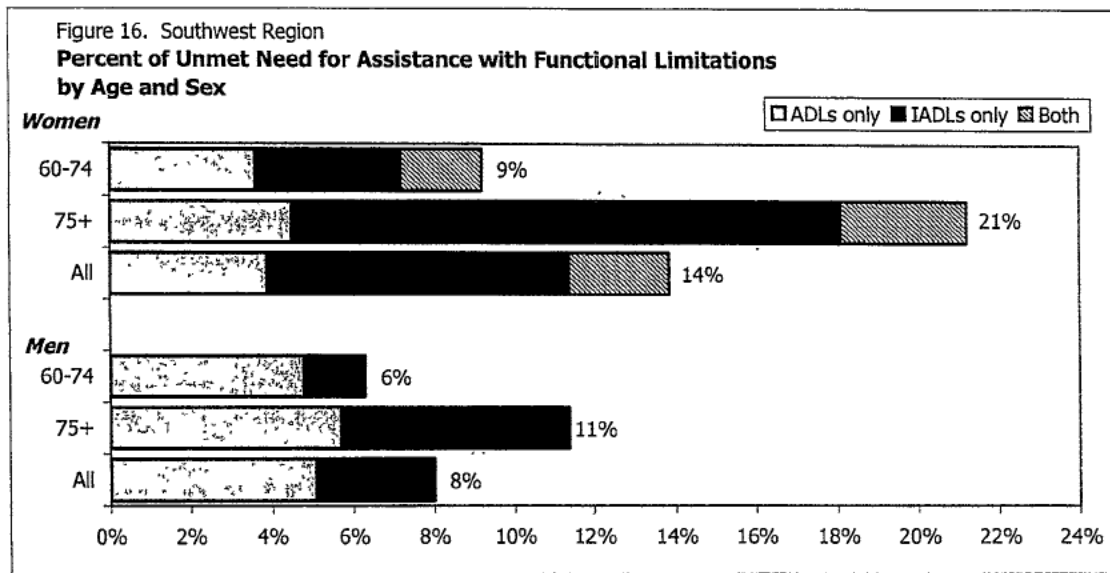
For most, assistance comes from family. Professional help is used most for normal housework and heavy cleaning. Other help, usually in the form of assistive devices such as a walker or cane, is more often used with walking, getting around the house or getting outdoors (Data Tables, pgs. 27-28).

While help is available for most seniors who need it, there are still thousands who are going unaided. These adults may be at risk for institutionalization if the need for assistance goes unmet. Unmet need has been determined for each ADL and IADL where an individual has no one to help when help is needed, or if the help they get is enough help only some of the time, seldom or never.

Overall, 11% of elders are in need of help or need more help with their everyday activities (Figure 15). Six percent need more help with one or more ADLs, with the majority of elders requiring assistance with walking. Seven percent could use additional help with at least one IADL. Heavy cleaning is the IADL need that most often goes unmet (Data Tables, pg. 27-28).

As with ADL and IADL difficulties, unmet need for assistance increases as age increases and women are more likely than men to go unaided (Figure 16). The difference between the sexes for needed IADL assistance is much greater than the need for ADL assistance. This is likely due to the traditional role women have played in the household, where cleaning, shopping and cooking are the woman's responsibility. Thus, men may not need help with these activities because they do not do these activities.





References

¹ Health Data on Older Americans: United States, 1992. National Center for Health Statistics. Vital and Health Statistics 3(27), January 1993.

Service Awareness and Use

Where To Go For Help

Most seniors will talk with their family members when they need someone to help with their personal care and their day-to-day activities (Table 3). Twenty percent, or an estimated 30,405 seniors, report not knowing with whom they would speak for personal care assistance; 16% do not know who to talk to about getting help with day-to-day activities (Data Tables, pg. 29).

Almost one-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services (Figure 17).

Regarding agencies to contact to find out about aging services in the community, awareness is highest for local Senior Centers and the Area Agency on Aging. The majority do not know which agency to contact for services (Figure 18).

Overall, almost 8% of older adults indicate they have no one to talk to about getting help with personal assistance or day-to-day activities, and do not know what agency to speak with about aging services.

Table 3. Southwest Region

Who Would You Talk to for Help

	With Personal Care	With Day-to-Day Activities
Family	49%	56%
Doctor	13%	9%
Social service agency	7%	6%
Other	12%	14%
Don't know	20%	16%

Figure 17. Southwest Region

Aware of the Toll-Free Information and Referral Number

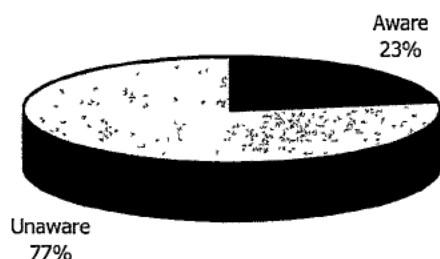
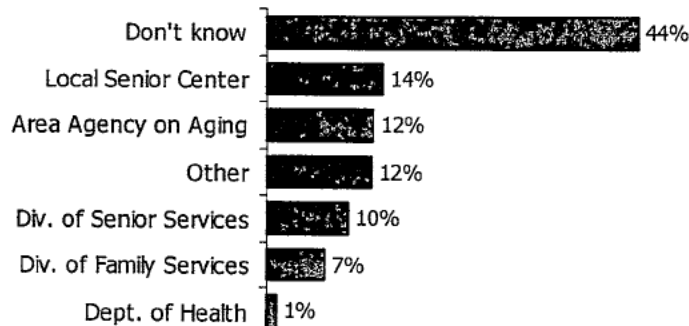


Figure 18. Southwest Region

Agency To Contact About Aging Services



Service Awareness and Use

Home-Delivered Meals

Two-thirds of older adults are aware of the availability of home-delivered meals or Meals on Wheels in their community (Table 4). Awareness is higher for those living alone compared to those living with their spouse (Data Tables, pg. 30).

Table 4. Southwest Region
Home-Delivered Meals

	Percent	Persons
Aware	68%	103,832
Receiving	6%	8,513
Unmet Need	2%	3,649

Six percent report having meals delivered to their homes (Table 4). This would include Home Delivered Meals through local Senior Centers and other community operated Meals on Wheels programs. 2% need home-delivered meals but are not getting them, or feel the service does not provide them with enough meals (Table 4). Reasons for not receiving meals include unavailability and not affordable (Data Tables, pg. 29).

The vast majority of seniors, 96%, have not been concerned about having enough food for themselves and their families in the past 30 days (Data Tables, pg. 29).

Senior Center

The majority of older adults know of a senior

Table 5. Southwest Region
Senior Center

	Percent	Persons
Aware	81%	123,139
Go To	16%	24,324

center in their community where they can eat meals and participate in social activities (Table 5).

Sixteen percent report visiting a senior center (Table 5). Attendance is higher for the older old than those under age 75 (Data Tables, pg. 30).

Reasons for not going to a senior center include not needing or not interested in the services offered there and a center is not available (Data Tables, pg. 29).

Assistance Filling Out Forms

Assistance filling out Medicare, insurance or other forms is thought to be available in the community by 56% of seniors (Table 6).

Not everyone was asked if they currently need help filling out forms due to a survey programming error. *Thus, the data presented here is based on only those seniors asked so need and receipt of assistance of this service may be underestimated.*

Almost one-fourth of elders say they receive help filling out their forms; less than 1% could use help with their forms (Table 6). Seniors with incomes below \$10,000 are more likely than those with incomes \$25,000+ to be receiving such help (Data Tables, pg. 31).

Table 6. Southwest Region
Assistance Filling Out Forms

	Percent	Persons
Available	56%	84,677
Receiving	21%	17,939
Unmet Need	0.3%	304

Service Awareness and Use

Transportation

Lack of transportation is a problem for 7% of older adults when they want to go someplace (Data Tables, pg. 31). Women more often than men find lack of transportation a problem as do lower income seniors and those not living with a spouse (Data Tables, pg. 32).

One-fourth of older adults report a public transportation system is available where they can walk to a bus stop (Table 7). Four percent need to use public transportation when they want to go someplace. Less than 1% feel the public transportation system does not meet all their transportation needs for such reasons as physically unable to get to and their destination is outside the service area (Data Tables, pg. 31).

Table 7. Southwest Region
Public Transportation

	Percent	Persons
Available	27%	40,742
Need to Use	4%	5,929
Doesn't meet my needs	0.4%	608

Transportation Service

	Percent	Persons
Available	66%	100,032
Use	9%	13,682
Doesn't meet my needs	1%	2,128

Two-thirds of seniors are aware of the availability of a transportation service where you can call in advance. Nine percent report using this service, and it meets the needs for most who use it. Reasons for not meeting all transportation needs include the day/hour/timing of the service and the destination is outside the area served (Data Tables, pg. 32).

Daily Check

Over 90% of seniors feel they do not need a daily check by someone to be sure they are okay. Five percent receive such a check and another 1% believe they need it but are not getting it (Table 8). Seniors 75 and older are more likely than those under age 75, and women more than men, to receive a daily check (Data Tables, pg. 32).

Table 8. Southwest Region
Daily Check

	Percent	Persons
Receive	5%	8,057
Unmet Need	1%	1,824

Health Care Coverage

For those age 65 and older, Medicare is the most common health care coverage. The youngest old are more likely to be covered by their own or someone else's employer (Data Table, pg. 33).

Four percent, or an estimated 5,625 seniors, report having no health insurance. The majority of the uninsured are under age 65 (Data Table, pg. 33).

Inability to See a Doctor

Survey participants were asked if there was a time in the past 12 months when they needed to see a doctor but could not for various reasons. Cost, lack of transportation, and limited hours/days are the most often cited reasons for not being able to see a doctor when necessary (Figure 20).

Figure 19. Southwest Region
Health Care Coverage

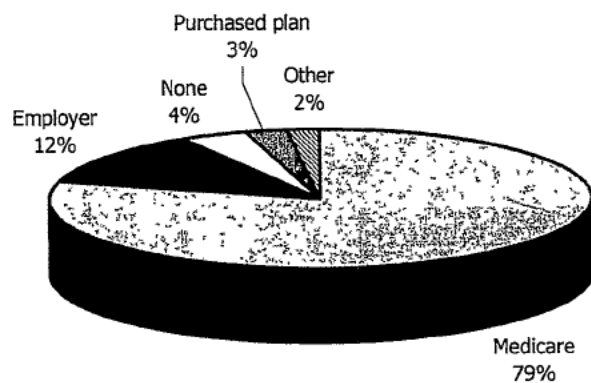
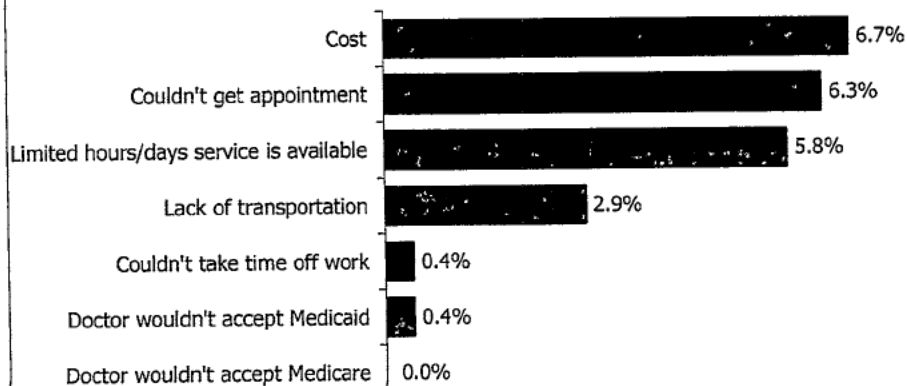


Figure 20. Southwest Region
Percent Who Needed to See a Doctor but Couldn't



Social Support

Social Activity

Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. The vast majority of seniors, 92%, talk on the telephone at least weekly (Figure 21). Face-to-face interactions occur less frequently but still a majority, 80%, manage to visit someone outside their home at least once a week (Figure 22).

Figure 21. Southwest Region
Talk on the Telephone

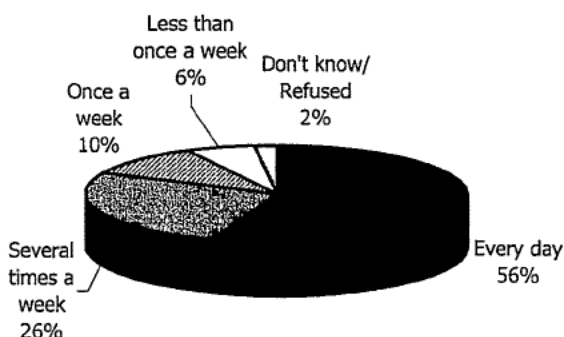
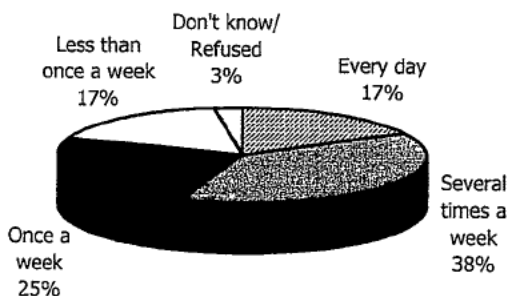


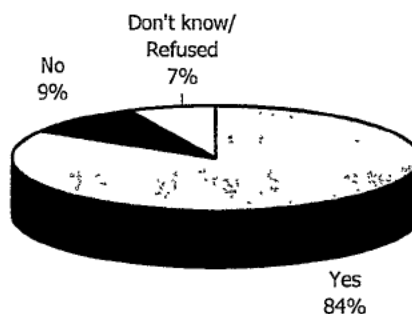
Figure 22. Southwest Region
Visit Someone



Caregiving

Nine percent of older adults, an estimated 14,140 persons, report having no one who would care for them if they became sick or disabled (Figure 23). Understandably, older adults living by themselves are more likely than those living with someone to feel they would not have a caregiver should they need one. Functionally limited individuals and those with incomes under \$10,000 are also more likely to report not having a potential caregiver (Data Tables, pg. 34).

Figure 23. Southwest Region
Have a Potential Caregiver



Traditionally, families have cared for older adults. Smaller family sizes, geographic mobility, increased number of women in the workforce and the increased longevity of older adults have been affecting the network of potential caregivers.¹ Family caregivers are an essential part of the health care economy. The estimated value of informal caregiving is an estimated \$196 billion.² With the shrinking number of potential caregivers, increases are likely in in-home care expenses as well as the institutionalization rate and subsequent nursing home care expenses.

For those who would have a caregiver, two-thirds say the person would be able to care for them as long as needed. This person is most likely to be a child or spouse (Data Tables, pg. 34).

If seniors needed help at home, the percentages are similar for those preferring to hire someone themselves versus those wanting an in-home agency send someone (Figure 24).

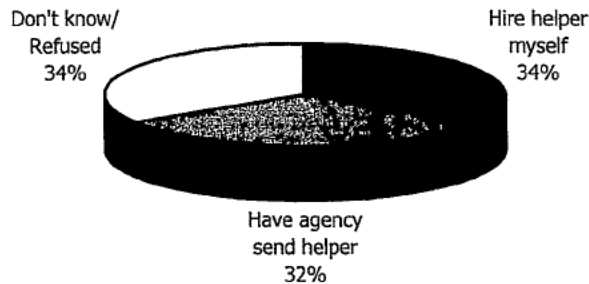
Discrimination

The majority of older adults have not been discriminated against in the past year because of their age (88%) or their race (97%). Of those who experienced racial or ethnic discrimination, no one reports it prevented them from receiving needed services (Data Tables, pg. 35). A total of 1.5% of respondents didn't know or refused to answer if they had experienced racial or ethnic discrimination.

Abuse & Neglect

Only 2% of seniors are aware of older adults in their community who have been abused or neglected (Data Tables, pg. 35). Over one-fourth, 28%, are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

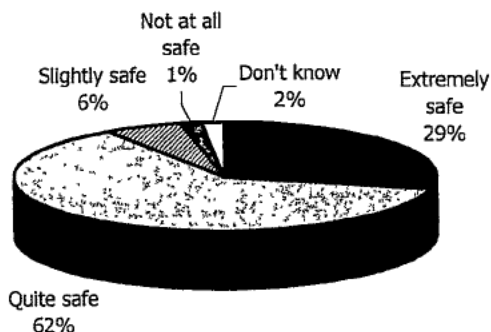
Figure 24. Southwest Region
Preference for In-Home Help



Housing & Neighborhood Safety

Around 85% of older adults own their home, 83% live in a house, and 89% have lived at their current residence for two or more years. Less than two percent are considering moving within the next year where they can get more help (Data Tables, pg. 35). The majority of seniors consider their neighborhoods to be extremely or quite safe from crime (Figure 25).

Figure 25. Southwest Region
Neighborhood Safe from Crime



References

¹ Internet Information Note: Caregiving for the Elderly - National Aging Information Center; www.aoa.gov/naic/Notes/caregivingforelderly.html.

² Family Caregiver Alliance Fact Sheet: Selected Caregiver Statistics; www.caregiver.org/factsheets/caregiver_statsC.html.

Data Tables

Note: Population estimates are determined by applying the sample percentages to the age 60 and older population, excluding the age 65+, institutionalized population. Because the estimates are based on rounded sample percentages, they may not add to the total population.

Population of the Sample

Southwest Region	Percent
	100.0%
Age	
60-64	22.4%
65-69	23.3%
70-74	16.7%
75-79	15.5%
80-84	14.3%
85+	7.2%
Refused	0.6%
Sex	
Male	41.6%
Female	58.4%
Race	
White	98.6%
Black	0.6%
Asian, Pacific Islander	0.1%
American Indian, Alaska Native	0.5%
Other	0.2%
Hispanic	
Yes	0.1%
No	99.7%
Don't know/Refused	0.2%
Marital Status	
Married	61.6%
Widowed	27.3%
Divorced	7.8%
Never been married	1.5%
Separated	1.2%
Member of an unmarried couple	0.2%
Never been married	0.4%
Household Size	
One	31.5%
Two	56.8%
Three	8.5%
Four or more	2.6%
Refused	0.6%
Living Arrangement	
Live alone	31.5%
Live with spouse	52.3%
Live with spouse/others	8.6%
Live with others	7.2%
Refused	0.4%
Marital Status/ Living Arrangement	
Live alone	31.5%
Married, live with spouse	60.9%
Live with others	7.7%

Percent of Race by Age

Southwest Region	White	Other
ALL	98.6%	1.4%
Age		
60-64	98.1%	1.9%
65-74	99.1%	0.9%
75-84	98.0%	2.0%
85+	100.0%	0.0%
60-74	98.7%	1.3%
75+	98.4%	1.6%
Average Age	71.8	71.1

Percent of Marital Status/Living Arrangement by Age Groups, Sex and Race

Southwest Region	Live alone	Married	Live with others
ALL	31.5%	60.9%	7.7%
Age			
60-64	18.5%	77.4%	4.1%
65-74	26.9%	66.1%	7.0%
75-84	35.4%	53.9%	10.8%
85+	84.0%	5.6%	10.4%
60-74	23.9%	70.2%	5.9%
75+	44.8%	44.5%	10.7%
Average Age	75.3	69.4	75.0
Sex			
Male	16.6%	76.9%	6.5%
Female	42.1%	49.4%	8.5%
Race			
White	31.7%	60.8%	7.5%
Other	19.3%	62.6%	18.2%

Population of the Sample

Southwest Region	Percent
	100.0%
Education	
No school	0.0%
Grades 1 through 8	10.9%
Grades 9 through 11	12.3%
Grade 12 or GED	40.2%
College 1-3 years	22.9%
College degree or more	13.7%
Employment Status	
Retired	73.7%
Employed for wages	12.0%
Homemaker	7.2%
Self-employed	3.1%
Unable to work	3.5%
Out of work	0.6%
Household Income	
Less than \$10,000	14.4%
\$10,000-\$14,999	14.8%
\$15,000-\$19,999	10.4%
\$20,000-\$24,999	7.6%
\$25,000-\$34,999	10.6%
\$35,000-\$49,999	12.5%
\$50,000-\$74,999	4.6%
\$75,000 or more	3.5%
Don't know	8.5%
Refused	13.1%

Percent of Educational Attainment by Age Groups, Sex and Race

Southwest Region	Less than High School	High School	More than High School
ALL	23.2%	40.2%	36.6%
Age			
60-74	14.1%	47.4%	38.5%
75+	37.3%	28.8%	34.0%
Average Age	75.5	70.3	71.1
Sex			
Male	23.6%	35.3%	41.2%
Female	23.0%	43.7%	33.3%
Race			
White	23.5%	39.9%	36.6%
Other	4.2%	61.8%	34.0%

Percent of Household Income by Age Groups, Sex and Race

Southwest Region	Less than \$10,000	\$10,000-\$24,999	\$25,000+	Don't know/Refused
ALL	14.4%	32.8%	31.2%	21.6%
Age				
60-74	11.4%	32.7%	38.0%	17.9%
75+	18.0%	33.6%	20.2%	28.2%
Average Age	73.7	72.2	68.8	74.0
Sex				
Male	9.9%	27.0%	43.7%	19.4%
Female	17.6%	36.9%	22.2%	23.2%
Race				
White	14.5%	33.0%	31.2%	21.4%
Other	6.1%	22.7%	31.0%	40.3%
Living Arrangement				
Live alone	27.3%	40.2%	11.5%	21.0%
Married	7.5%	28.2%	42.5%	21.7%
Live with others	16.1%	39.0%	21.4%	23.5%

Data Tables

Health Status

Southwest Region	Percent	Persons
	100.0%	152,024
Self-rated health (Q1)		
Excellent	13.6%	20,675
Very Good	25.6%	38,918
Good	31.8%	48,344
Fair	19.4%	29,493
Poor	9.2%	13,986
Don't know/Refused	0.4%	608
Excellent, Very Good, Good	71.1%	108,089
Fair, Poor	28.6%	43,479
Limited in activities because of any impairment/health problem (Q94)		
Yes	32.1%	48,800
No	67.4%	102,464
Don't know/Refused	0.6%	912
Major impairment/health problem (Q95)		
Arthritis/Rheumatism	6.2%	9,425
Heart problem	4.7%	7,145
Walking problem	4.6%	6,993
Back/neck problem	3.1%	4,713
Eye/vision problem	2.1%	3,193
Lung/breathing problem	1.4%	2,128
Fractures, bone/joint injury	1.2%	1,824
Other impairment/problem	8.8%	13,378
Have no impairment	68.0%	103,376
Have trouble learning, remembering, concentrating (Q96)		
Yes	17.8%	27,060
No	81.7%	124,204
Don't know/Refused	0.5%	760

Percent of Health Limitations by Selected Demographics

Southwest Region	Limited	Not Limited
ALL	32.1%	67.9%
Age		
60-74	26.7%	73.3%
75+	41.7%	58.3%
Average Age	73.7	71.5
Sex		
Male	30.9%	69.1%
Female	32.8%	67.2%
Race		
White	31.9%	68.1%
Other	44.9%	55.1%
Living Arrangement		
Live alone	36.6%	63.4%
Married	29.6%	70.4%
Live with others	33.4%	66.6%
Education		
< High School	46.8%	53.2%
High School	22.4%	77.6%
> High School	33.3%	66.7%
Income		
< \$10,000	41.0%	59.0%
\$10-\$24,999	34.6%	65.4%
\$25,000+	19.2%	80.8%
Don't know/Refused	40.8%	59.2%
Self-Rated Health		
Excellent	7.3%	92.7%
Very Good	20.3%	79.7%
Good	30.3%	69.7%
Fair	41.9%	58.1%
Poor	86.1%	13.9%

Health Status

Southwest Region	Percent	Persons	Southwest Region	Percent	Persons
	100.0%	152,024		100.0%	152,024
Days of poor physical health (Q2)			Days felt sad, blue or depressed (Q98)		
None	63.0%	95,775	None	75.0%	114,018
1-7 days/1 week	13.4%	20,371	1-7 days/1 week	11.6%	17,635
8-14 days/2 weeks	3.1%	4,713	8-14 days/2 weeks	2.4%	3,649
15-21 days/3 weeks	3.3%	5,017	15-21 days/3 weeks	3.0%	4,561
22-29 days/4 weeks	1.6%	2,432	22-29 days/4 weeks	0.0%	0
30 days/All month	13.2%	20,067	30 days/All month	5.0%	7,601
Don't know/Refused	2.3%	3,497	Don't know/Refused	2.9%	4,409
Days of poor mental health (Q3)			Days felt worried, tense or anxious (Q99)		
None	82.6%	125,572	None	68.1%	103,528
1-7 days/1 week	6.7%	10,186	1-7 days/1 week	15.8%	24,020
8-14 days/2 weeks	2.5%	3,801	8-14 days/2 weeks	3.4%	5,169
15-21 days/3 weeks	1.7%	2,584	15-21 days/3 weeks	2.0%	3,040
22-29 days/4 weeks	0.2%	304	22-29 days/4 weeks	0.1%	152
30 days/All month	3.4%	5,169	30 days/All month	5.9%	8,969
Don't know/Refused	2.9%	4,409	Don't know/Refused	4.7%	7,145
Days poor physical/mental health limited activities (Q4)			Days did not get enough rest or sleep (Q100)		
None	83.4%	126,788	None	67.3%	102,312
1-7 days/1 week	6.7%	10,186	1-7 days/1 week	16.6%	25,236
8-14 days/2 weeks	0.7%	1,064	8-14 days/2 weeks	3.8%	5,777
15-21 days/3 weeks	2.0%	3,040	15-21 days/3 weeks	1.9%	2,888
22-29 days/4 weeks	0.9%	1,368	22-29 days/4 weeks	1.4%	2,128
30 days/All month	5.7%	8,665	30 days/All month	8.2%	12,466
Don't know/Refused	0.5%	760	Don't know/Refused	0.8%	1,216
Days where pain made it hard to do activities (Q97)			Days felt very healthy & full of energy (Q101)		
None	72.5%	110,217	None	21.9%	33,293
1-7 days/1 week	8.3%	12,618	1-7 days/1 week	4.3%	6,537
8-14 days/2 weeks	4.1%	6,233	8-14 days/2 weeks	3.5%	5,321
15-21 days/3 weeks	3.9%	5,929	15-21 days/3 weeks	11.4%	17,331
22-29 days/4 weeks	0.2%	304	22-29 days/4 weeks	15.1%	22,956
30 days/All month	7.5%	11,402	30 days/All month	38.2%	58,073
Don't know/Refused	3.6%	5,473	Don't know/Refused	5.7%	8,665

Data Tables

Health Status

Southwest Region	Percent	Persons
	100.0%	152,024
Participate in physical activities/exercise (Q123)		
Yes	61.5%	93,495
No	38.3%	58,225
Don't know/Refused	0.2%	304
Type of physical activity/exercise (Q124)		
Walking	36.1%	54,881
Gardening	10.4%	15,810
Golf	2.6%	3,953
Home/Health Club exercise	2.2%	3,345
Dance/Aerobics	1.6%	2,432
Mowing lawn	1.3%	1,976
Bowling	1.1%	1,672
Carpentry	1.0%	1,520
Other	5.2%	7,905
None	38.5%	58,529
Distance usually walk/run (Q125)		
Do not walk/run/jog	62.7%	95,319
Less than 1 mile	10.3%	15,658
1 mile	7.7%	11,706
1.1-1.5 miles	5.8%	8,817
1.6-2.0 miles	6.2%	9,425
2.1-3.0 miles	4.7%	7,145
3.1-6.0 miles	0.6%	912
Don't know/Refused	2.0%	3,040
Frequency of physical activity/exercise (Q126)		
Do not participate	38.5%	58,529
Every day	12.4%	18,851
1-3 times a week	25.8%	39,222
4-6 times a week	18.4%	27,972
1-4 times a month	3.1%	4,713
Don't know/Refused	1.7%	2,584

Southwest Region	Percent	Persons
	100.0%	152,024
Duration of physical activity (Q127)		
Do not participate	38.5%	58,529
20 minutes or less	10.4%	15,810
21-30 minutes	18.0%	27,364
31-60 minutes	15.6%	23,716
1-2 hours	4.1%	6,233
More than 2 hours	7.0%	10,642
Don't know/Refused	6.4%	9,730
Flu shot in past year (Q91)		
Yes	61.4%	93,343
No	37.4%	56,857
Don't know/Refused	1.1%	1,672
Where received flu shot (Q92)		
A doctor's office or HMO	36.1%	54,881
Hospital/emergency room	5.6%	8,513
Another type of clinic	5.4%	8,209
A health department	4.9%	7,449
A store	3.1%	4,713
Workplace	2.3%	3,497
Senior, rec/community center	1.5%	2,280
Other	1.5%	2,280
Don't know/Refused	1.3%	1,976
Did not get a flu shot	38.5%	58,529
Had pneumonia vaccination (Q93)		
Yes	49.3%	74,948
No	46.7%	70,995
Don't know/Refused	4.0%	6,081

Functional Status: Activities of Daily Living

(Q5-Q33, Q46-Q49)	<i>EATING</i>		<i>BATHING</i>		<i>DRESSING/ GROOMING</i>		<i>TOILETING</i>	
<i>Southwest Region</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>
	100.0%	152,024	100.0%	152,024	100.0%	152,024	100.0%	152,024
Need help to do								
Without help	99.6%	151,416	98.5%	149,744	98.7%	150,048	98.7%	150,048
With help	0.4%	608	1.5%	2,280	1.3%	1,976	1.3%	1,976
Who helps								
No one	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Professional	0.0%	0	0.9%	1,368	0.4%	608	0.4%	608
Spouse	0.0%	0	0.1%	152	0.4%	608	0.3%	456
Other family member	0.4%	608	0.2%	304	0.6%	912	0.0%	0
Non-relative	0.0%	0	0.4%	608	0.0%	0	0.0%	0
Other	0.0%	0	0.0%	0	0.0%	0	0.7%	1,064
Do not need help	99.6%	151,416	98.5%	149,744	98.7%	150,048	98.7%	150,048
Enough help								
All/Most of the time	0.4%	608	1.4%	2,128	1.3%	1,976	1.0%	1,520
Some of the time/Seldom	0.0%	0	0.2%	304	0.0%	0	0.2%	304
Never	0.0%	0	0.0%	0	0.0%	0	0.2%	304
Have no help	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Do not need help	99.6%	151,416	98.5%	149,744	98.7%	150,048	98.7%	150,048

	<i>GETTING IN/OUT OF BED</i>		<i>WALKING</i>		<i>GETTING AROUND HOUSE</i>		<i>GETTING OUTDOORS</i>	
<i>Southwest Region</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>
	100.0%	152,024	100.0%	152,024	100.0%	152,024	100.0%	152,024
Need help to do								
Without help	99.3%	150,960	89.3%	135,757	97.0%	147,463	93.8%	142,599
With help	0.7%	1,064	10.7%	16,267	3.0%	4,561	6.2%	9,425
Who helps								
No one	0.0%	0	3.5%	5,321	0.5%	760	0.5%	760
Professional	0.4%	608	0.7%	1,064	0.2%	304	0.4%	608
Spouse	0.4%	608	0.5%	760	0.4%	608	0.8%	1,216
Other family member	0.0%	0	0.6%	912	0.4%	608	1.6%	2,432
Non-relative	0.0%	0	0.2%	304	0.0%	0	0.4%	608
Other	0.0%	0	5.0%	7,601	1.5%	2,280	2.7%	4,105
Don't know/Refused	0.0%	0	0.2%	304	0.0%	0	0.0%	0
Do not need help	99.3%	150,960	89.3%	135,757	97.0%	147,463	93.8%	142,599
Enough help								
All/Most of the time	0.7%	1,064	6.1%	9,273	2.5%	3,801	4.9%	7,449
Some of the time/Seldom	0.0%	0	0.7%	1,064	0.0%	0	0.7%	1,064
Never	0.0%	0	0.4%	608	0.0%	0	0.2%	304
Have no help	0.0%	0	3.5%	5,321	0.5%	760	0.5%	760
Do not need help	99.3%	150,960	89.3%	135,757	97.0%	147,463	93.8%	142,599

Data Tables

Functional Status: Instrumental Activities of Daily Living (IADLs)

(Q34-Q45, Q50-Q65)	NORMAL HOUSEWORK		HEAVY CLEANING		USING THE TELEPHONE		SHOPPING	
Southwest Region	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	152,024	100.0%	152,024	100.0%	152,024	100.0%	152,024
Need help to do								
Without help	93.6%	142,294	70.2%	106,721	99.1%	150,656	87.9%	133,629
With help	6.4%	9,730	29.8%	45,303	0.9%	1,368	12.1%	18,395
Who helps								
No one	0.4%	608	3.0%	4,561	0.2%	304	0.2%	304
Professional	1.5%	2,280	3.4%	5,169	0.0%	0	0.4%	608
Spouse	2.3%	3,497	9.0%	13,682	0.7%	1,064	3.5%	5,321
Other family member	0.9%	1,368	7.6%	11,554	0.0%	0	6.5%	9,882
Non-relative	0.9%	1,368	4.9%	7,449	0.0%	0	1.2%	1,824
Other	0.4%	608	1.9%	2,888	0.0%	0	0.4%	608
Do not need help	93.6%	142,294	70.2%	106,721	99.1%	150,656	87.9%	133,629
Enough help								
All/Most of the time	4.9%	7,449	23.3%	35,422	0.7%	1,064	11.4%	17,331
Some of the time/Seldom	1.1%	1,672	3.2%	4,865	0.0%	0	0.5%	760
Never	0.0%	0	0.2%	304	0.0%	0	0.0%	0
Have no help	0.4%	608	3.0%	4,561	0.2%	304	0.2%	304
Do not need help	93.6%	142,294	70.2%	106,721	99.1%	150,656	87.9%	133,629

	PREPARING MEALS		TAKING MEDICATIONS		MANAGING MONEY	
Southwest Region	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	152,024	100.0%	152,024	100.0%	152,024
Need help to do						
Without help	95.3%	144,879	96.3%	146,399	92.7%	140,926
With help	4.7%	7,145	3.7%	5,625	7.3%	11,098
Who helps						
No one	0.0%	0	0.0%	0	0.0%	0
Professional	0.7%	1,064	0.2%	304	0.6%	912
Spouse	2.2%	3,345	0.4%	608	3.5%	5,321
Other family member	1.2%	1,824	0.0%	0	3.0%	4,561
Non-relative	0.0%	0	0.0%	0	0.2%	304
Other	0.6%	912	0.0%	0	0.0%	0
Do not need help	95.3%	144,879	96.3%	146,399	92.7%	140,926
Not asked	NA	NA	3.2%	4,865	NA	NA
Enough help						
All/Most of the time	4.5%	6,841	0.5%	760	7.1%	10,794
Some of the time/Seldom	0.2%	304	0.0%	0	0.0%	0
Never	0.0%	0	0.0%	0	0.2%	304
Have no help	0.0%	0	0.0%	0	0.0%	0
Do not need help	95.3%	144,879	96.3%	146,399	92.7%	140,926
Not asked	NA	NA	3.2%	4,865	NA	NA

Service Awareness and Use

<i>Southwest Region</i>	Percent	Persons	<i>Southwest Region</i>	Percent	Persons
	100.0%	152,024		100.0%	152,024
Talk to about getting help with personal care (Q66)			Home-delivered meals available in community (Q68)		
Spouse	24.7%	37,550	Yes	68.3%	103,832
Child/Family	21.9%	33,293	No	9.5%	14,442
Physician	12.5%	19,003	Don't know/Refused	22.2%	33,749
Social service agency	7.1%	10,794	Need/Receiving home-delivered meals (Q69-Q70)		
Other relative	2.4%	3,649	Need it & am not receiving it	2.2%	3,345
Clergy/Minister/Priest/Rabbi	1.6%	2,432	Need it & am receiving it	0.9%	1,368
Friend/Neighbor	1.1%	1,672	Not need it but am receiving	4.7%	7,145
Other	6.3%	9,578	Do not need this service	92.2%	140,166
No one else, decide by myself	1.2%	1,824	Why not receiving home-delivered meals (Q71)		
Does not need assistance	1.3%	1,976	Not available	0.6%	912
Don't know/Refused	20.0%	30,405	Cannot afford	0.4%	608
Talk to about getting help with day-to-day activities (Q67)			Other	1.1%	1,672
Spouse	27.4%	41,655	Am receiving service	5.6%	8,513
Child/Family	26.6%	40,438	Do not need service	92.2%	140,166
Physician	8.7%	13,226	Provide with enough meals (Q72)		
Social service agency	6.1%	9,273	Yes	0.7%	1,064
Friend/Neighbor	4.2%	6,385	No	0.2%	304
Other Relative	2.0%	3,040	Not receiving service	99.1%	150,656
Clergy/Minister/Priest/Rabbi	0.8%	1,216	Concerned about having enough food (Q142)		
Other	6.2%	9,425	Yes	2.8%	4,257
No one else, decide by myself	1.5%	2,280	No	96.2%	146,247
Does not need assistance	1.0%	1,520	Don't know/Refused	0.9%	1,368
Don't know/Refused	15.6%	23,716			
Agency would contact about aging services in community (Q88)					
Local Senior Center	13.7%	20,827			
Area Agency on Aging	12.3%	18,699			
MO Division of Senior Services	9.6%	14,594			
MO Div of Family Services	6.9%	10,490			
MO Dept of Health	1.1%	1,672			
Other	12.3%	18,699			
Don't know	44.1%	67,043			
Aware of toll-free number for information and referral (Q89)					
Yes	22.6%	34,357			
No	76.3%	115,994			
Don't know	1.1%	1,672			

Data Tables

Service Awareness and Use

Percent Aware of, Receiving & Needing Home-Delivered Meals by Selected Demographics

<i>Southwest Region</i>	Aware	Receiving	Unmet Need
All	68.3%	5.6%	2.4%
Age			
60-74	66.1%	3.0%	2.4%
75+	73.2%	8.3%	2.5%
Average Age	72.1	75.3	72.6
Sex			
Male	65.3%	5.3%	2.4%
Female	70.5%	5.8%	2.5%
Race			
White	68.4%	5.6%	2.5%
Other	64.2%	0.0%	0.0%
Income			
< \$10,000	60.3%	10.6%	3.9%
\$10-\$24,999	68.6%	7.0%	2.8%
\$25,000+	72.4%	2.6%	1.9%
Don't know/Refused	67.5%	4.2%	1.6%
Living Arrangement			
Live alone	77.7%	5.1%	4.6%
Married	63.1%	4.6%	1.3%
Live with others	70.8%	14.8%	2.3%

Percent Aware Of & Go To Senior Center by Selected Demographics

<i>Southwest Region</i>	Aware	Go To
ALL	81.0%	16.0%
Age		
60-74	77.3%	12.1%
75+	87.0%	22.8%
Average Age	72.2	75.1
Sex		
Male	80.0%	15.6%
Female	81.8%	16.2%
Race		
White	80.9%	15.7%
Other	90.5%	35.2%
Income		
< \$10,000	79.7%	15.5%
\$10-\$24,999	83.0%	14.7%
\$25,000+	81.2%	12.4%
Don't know/Refused	78.6%	23.5%
Living Arrangement		
Live alone	85.4%	22.5%
Married	79.4%	13.7%
Live with others	75.8%	7.6%

<i>Southwest Region</i>	Percent	Persons
	100.0%	152,024
Senior center in community (Q73)		
Yes	81.0%	123,139
No	7.8%	11,858
Don't know/Refused	11.1%	16,875
Go to a Senior Center (Q74)		
Yes	16.0%	24,324
No	84.0%	127,700
Why not go to a Senior Center (Q75)		
Don't need services offered	28.4%	43,175
Not available	18.9%	28,733
Not interested in services	13.3%	20,219
Not convenient	6.5%	9,882
No transportation	2.5%	3,801
Not old enough to go	2.5%	3,801
Don't feel welcome/belong	0.2%	304
Other	11.0%	16,723
Don't know	0.8%	1,216
I go to a Senior Center	16.0%	24,324

Service Awareness and Use

Southwest Region	Percent	Persons
	100.0%	152,024
Assistance filling out forms available in community (Q76)		
Yes	55.7%	84,677
No	6.2%	9,425
Don't know/Refused	38.0%	57,769
Need/Receiving assistance with forms (Q77-Q78)		
Need it & am not receiving it	0.2%	304
Need it & am receiving it	7.1%	10,794
Not need it but am receiving	4.6%	6,993
Do not need this service	43.8%	66,587
Not asked	44.3%	67,347
Why not receiving assistance with forms (Q79)		
Other	0.2%	304
Receiving assistance with forms	11.7%	17,787
Don't need service	43.8%	66,587
Not asked	44.3%	67,347

Percent Receiving & Needing Assistance Filling Out Forms by Selected Demographics

Southwest Region	Available	Receiving	Unmet Need
ALL	55.7%	21.1%	0.3%
Age			
60-74	55.5%	18.4%	0.0%
75+	57.2%	25.5%	0.9%
Average Age	71.9	73.7	82.0
Sex			
Male	53.0%	22.8%	0.0%
Female	58.3%	20.0%	0.5%
Race			
White	56.1%	21.4%	0.3%
Other	54.4%	0.0%	0.0%
Income			
< \$10,000	59.4%	38.2%	2.2%
\$10-\$24,999	57.9%	22.3%	0.0%
\$25,000+	56.5%	13.6%	0.0%
Don't know/Refused	50.7%	18.3%	0.0%
Living Arrangement			
Live alone	64.0%	21.6%	0.9%
Married	51.7%	21.5%	0.0%
Live with others	58.5%	16.4%	0.0%

Note: Percentages for **Receiving** & **Unmet Need** are based on those who were asked the question.

Southwest Region	Percent	Persons
	100.0%	152,024
How often lack of transportation a problem (Q80)		
Always	1.9%	2,888
Nearly always	2.0%	3,040
Sometimes	3.1%	4,713
Seldom	3.4%	5,169
Never	89.4%	135,909
Don't know/Refused	0.2%	304
How often need to use public transportation (Q81)		
Always	0.7%	1,064
Nearly always	0.7%	1,064
Sometimes	2.6%	3,953
Seldom	2.0%	3,040
Never	93.9%	142,751
Don't know/Refused	0.2%	304
Public transportation system available (Q82)		
Yes	26.8%	40,742
No	64.6%	98,208
Don't know	8.6%	13,074
Public transportation meet all transportation needs (Q83)		
Yes	5.6%	8,513
No	0.4%	608
Don't use public transportation	93.3%	141,838
Don't know/Refused	0.8%	1,216
Why public transportation doesn't meet all needs (Q84)		
Physically unable to get to	0.2%	304
Destination outside service area	0.2%	304
Use public trans/meets needs	5.6%	8,513
Don't use public transportation	93.3%	141,838
Don't know/Refused	0.8%	1,216

Data Tables

Service Awareness and Use

Southwest Region	Percent	Persons
	100.0%	152,024
Transportation service available where can call in advance (Q85)		
Yes	65.8%	100,032
No	8.3%	12,618
Don't know	25.9%	39,374
Transportation service meet all transportation needs (Q86)		
Yes	6.5%	9,882
No	1.4%	2,128
Don't use a service	91.0%	138,342
Don't know	1.0%	1,520
Why transportation service doesn't meet all needs (Q87)		
Destination outside service area	0.5%	760
Day/hour/timing of service	0.4%	608
Other	0.4%	608
Use service & meets my needs	6.5%	9,882
Don't use service	91.0%	138,342
Don't know	1.2%	1,824
Need a daily check by someone (Q138-Q139)		
Need it & am not receiving it	1.2%	1,824
Need it & am receiving it	5.3%	8,057
Do not need this service	92.8%	141,078
Don't know/Refused	0.7%	1,064

Percent For Whom Lack of Transportation is a Problem Always, Nearly Always or Sometimes by Selected Demographics

Southwest Region	Lack of transportation is a problem
ALL	7.0%
Age	
60-74	4.1%
75+	12.2%
Average Age	77.7
Sex	
Male	2.4%
Female	10.3%
Race	
White	7.1%
Other	0.0%
Income	
< \$10,000	19.7%
\$10-\$24,999	6.7%
\$25,000+	1.9%
Don't know/Refused	6.6%
Living Arrangement	
Live alone	12.9%
Married	2.9%
Live with others	16.1%

Percent Receiving & Needing a Daily Check by Selected Demographics

Southwest Region	Receive	Unmet Need
ALL	5.3%	1.2%
Age		
60-74	2.6%	1.1%
75+	9.9%	1.2%
Average Age	78.3	73.1
Sex		
Male	1.9%	0.2%
Female	7.7%	1.8%
Race		
White	5.4%	1.2%
Other	0.0%	0.0%
Income		
< \$10,000	14.6%	1.2%
\$10-\$24,999	5.0%	1.6%
\$25,000+	1.2%	0.3%
Don't know/Refused	5.4%	1.7%
Living Arrangement		
Live alone	12.5%	2.3%
Married	0.9%	0.6%
Live with others	10.3%	1.3%

Health Care

Southwest Region	Percent	Persons	Southwest Region	Percent	Persons
100.0%	152,024		100.0%	152,024	
Health coverage use to pay for most of medical care (Q117-120)			Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicaid (Q122c)		
Medicare	79.1%	120,251	Yes	0.4%	608
Through your employer	8.0%	12,162	No	98.7%	150,048
Through someone else's employer	4.2%	6,385	Don't know/Refused	0.9%	1,368
A plan that you buy on your own	2.5%	3,801	Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicare (Q122d)		
Military, CHAMPUS, TriCare	1.3%	1,976	Yes	0.0%	0
Medicaid or Medical Assistance	0.7%	1,064	No	99.1%	150,656
Some other source	0.5%	760	Don't know/Refused	0.9%	1,368
None	3.7%	5,625	Time during the last 12 months when needed to see a doctor but could not because of limited hours/days service is available (Q122e)		
Time during the last 12 months when needed to see a doctor but could not because of the cost (Q121)			Yes	5.8%	8,817
Yes	6.7%	10,186	No	93.8%	142,599
No	92.9%	141,230	Don't know/Refused	0.4%	608
Don't know/Refused	0.4%	608	Time during the last 12 months when needed to see a doctor but could not take time off work (Q122f)		
Time during the last 12 months when needed to see a doctor but could not because of the lack of transportation (Q122a)			Yes	0.4%	608
Yes	2.9%	4,409	No	99.1%	150,656
No	96.8%	147,159	Don't know/Refused	0.5%	760
Don't know/Refused	0.4%	608	Time during the last 12 months when needed to see a doctor but could not because of other reasons (Q122g)		
Time during the last 12 months when needed to see a doctor but could not because could not get an appointment (Q122b)			Yes	1.5%	2,280
Yes	6.3%	9,578	No	98.0%	148,984
No	93.4%	141,990	Don't know/Refused	0.5%	760
Don't know/Refused	0.4%	608			

Health Care Coverage by Age Groups, Race and Income

Southwest Region	Medicare	Through Employer	Other	Have no coverage
ALL	79.1%	12.2%	5.0%	3.7%
Age				
60-74	67.2%	19.6%	7.3%	5.9%
75+	98.9%	0.0%	1.1%	0.0%
Race				
White	79.2%	12.2%	5.0%	3.6%
Other	70.1%	17.3%	4.2%	8.4%
Income				
< \$10,000	91.3%	2.5%	1.2%	5.0%
\$10,000+	75.0%	15.2%	5.9%	3.8%
Don't know/Refused	83.0%	9.8%	4.6%	2.3%

Data Tables

Southwest Region	Percent	Persons
	100.0%	152,024
Talk on the telephone (Q132)		
Every day	55.6%	84,525
Several times a week	26.4%	40,134
Once a week	10.3%	15,658
Less than once a week	4.4%	6,689
Almost never	1.4%	2,128
Don't know/Refused	1.9%	2,888
Visit someone who does not live with you (Q133)		
Every day	16.9%	25,692
Several times a week	38.4%	58,377
Once a week	25.2%	38,310
Less than once a week	11.1%	16,875
Almost never	5.8%	8,817
Don't know/Refused	2.5%	3,801
Number of close friends who would help with emotional problems (Q134)		
None	6.0%	9,121
One	6.2%	9,425
Two	11.9%	18,091
Three or more	63.7%	96,839
Don't know/Refused	12.2%	18,547
Someone who would care for you (Q135)		
Yes	83.7%	127,244
No	9.3%	14,138
Don't know/Refused	7.0%	10,642
Length of time could provide care (Q136)		
No one to care for me	9.3%	14,138
As long as needed	54.7%	83,157
Only for a short time	14.5%	22,043
Only now and again	2.4%	3,649
Don't know/Refused	12.1%	18,395
Relationship to caregiver (Q137)		
No one to care for me	9.3%	14,138
Spouse	33.4%	50,776
Child	27.3%	41,503
Grandchild	0.4%	608
Other relative	4.3%	6,537
Friend/Neighbor	2.6%	3,953
Other	2.8%	4,257
Don't know/Refused	0.4%	608

Southwest Region	Percent	Persons
	100.0%	152,024
Other(s) in household limited by impairment/health problem (Q140)		
Yes	15.3%	23,260
No	53.0%	80,573
No others in household	31.5%	47,888
Refused	0.2%	304
Caregiver for another person (Q141)		
Yes	10.5%	15,963
No	57.4%	87,262
No others in household	31.5%	47,888
Refused	0.6%	912
Preference if needed help at home (Q143)		
In-home service agency	31.6%	48,040
Find and hire by oneself	34.3%	52,144
Don't know/Refused	34.1%	51,840

Percent with No Possible Caregiver

Southwest Region	No Caregiver
ALL	9.3%
Age	
60-74	8.2%
75+	11.3%
Sex	
Male	11.2%
Female	6.7%
Race	
White	9.2%
Other	19.2%
Income	
Less than \$10,000	21.6%
\$10,000+	7.6%
Fair or Poor Health	
Yes	16.7%
No	6.4%
Functionally Limited	
Yes	15.2%
No	6.1%
Living Arrangement	
Live alone	20.2%
Married	4.9%
Live with others	0.0%

Social Support

Social Support

<i>Southwest Region</i>	Percent	Persons	<i>Southwest Region</i>	Percent	Persons
	100.0%	152,024		100.0%	152,024
Own or rent (Q129)			Discriminated against because of age (Q145)		
Own	84.6%	128,612	Most of the time	0.6%	912
Rent	11.9%	18,091	Some of the time	2.2%	3,345
Other	2.9%	4,409	Seldom	6.7%	10,186
Don't know/Refused	0.5%	760	Never	88.3%	134,237
Type of housing (Q130)			Don't know/Refused	2.2%	3,345
House	82.7%	125,724	Discriminated against because of race (Q146)		
Apartment	4.0%	6,081	Most of the time	0.0%	0
Mobile home	6.4%	9,730	Some of the time	0.5%	760
Condo	1.0%	1,520	Seldom	1.1%	1,672
Duplex	3.0%	4,561	Never	96.8%	147,159
Retirement home	1.4%	2,128	Don't know/Refused	1.5%	2,280
Other	1.2%	1,824	Racial or ethnic discrimination prevented receipt of needed services (Q147)		
Refused	0.4%	608	Yes	0.0%	0
Time lived at current residence (Q131)			No	1.8%	2,736
1-5 months	3.6%	5,473	Don't know/Refused	0.4%	608
6-11 months	3.3%	5,017	No discrimination	97.8%	148,679
12-23 months	4.1%	6,233	Know of elder abuse/neglect in community (Q148)		
2 or more years	88.5%	134,541	Yes	1.6%	2,432
Refused	0.5%	760	No	97.1%	147,615
Considering moving to a place where can get more help (Q144)			Don't know/Refused	1.3%	1,976
Within the next six months	1.5%	2,280	Kind of abuse/neglect (Q149) (More than one response accepted)		
Within one year	0.2%	304	Physical	0.8%	1,216
In one or two years	0.4%	608	Emotional	1.2%	1,824
Sometime in the future	12.0%	18,243	Financial	0.0%	0
Not considering moving	84.0%	127,700	Do not know of any abuse	98.4%	149,592
Don't know/Refused	2.0%	3,040	Aware of abuse/neglect hotline (Q90)		
Neighborhood safe from crime (Q128)			Yes	28.4%	43,175
Extremely safe	28.8%	43,783	No	70.3%	106,873
Quite safe	62.1%	94,407	Don't know/Refused	1.3%	1,976
Slightly safe	5.9%	8,969			
Not at all safe	1.5%	2,280			
Don't know/Refused	1.8%	2,736			

Contacts

Missouri Information & Referral Network

Website: www.dhss.state.mo.us/Senior_Services/index.html

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**2000 Missouri Older Adult Needs Assessment
Southeast Region**

**Missouri Area Agencies on Aging
Missouri Department of Health and Senior Services**

March 2003

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Population

- As the “baby boom” generation begins to gray, the older population is expected to double in the United States over the next 30 years.
 - Missouri’s age 65 and older population has increased 5% from 1990 to 2000; the 85+ age group increased 21%. The Southeast region has experienced a 3% in their age 65 and older population, and a 27% growth in the 85+ age group.
 - The age of seniors surveyed ranges in years from 60 to 97, with an average of 71 years. Women are on average older than men, reflecting the longer life expectancy of females.
 - Marital status and living arrangement are closely linked to an older adult’s income, health status and the availability of caregivers. Marital status and living arrangement vary among age, sex and race. As age increases, the number of seniors living alone significantly increases. Men are more likely than women to be married at every age level. Seniors of a minority race are more likely than white seniors to be living with others and less likely to be living alone.
 - Household income decreases as age increases. Women are more likely than men to report incomes under \$10,000, a function of a women’s lifelong economic dependency on her spouse and her greater likelihood of widowhood.
- Over one-third, 35%, are limited in activities because of an impairment or health problem. Women more than men in the 75+ age group, and seniors not living with their spouse are more likely to report limiting health problems.

Functional Status

- Functional limitation and whether a person receives assistance serve as key indicators of an older person’s ability to live independently and remain in the community. Forty-two percent of seniors need help in performing one or more everyday activities. As age increases, functional limitations increase. Women are more likely to need help, again reflecting the older average age of females.
- The majority of seniors are receiving the necessary help with their everyday activities, most often aided by family members. Yet, 16% are not getting the help or need more help. Walking is the most likely activity of daily living (ADL) where assistance is not being received. Heavy house cleaning is the instrumental activity of daily living (IADL) need that most often goes unmet.

Service Awareness and Use

Health Status

- Self-rated health is a simple but informative summary measure of health. Almost 61% of seniors assess their health as good, very good or excellent; 39% feel their health to be fair or poor.
- Self-rated health differs by socioeconomic indicators. The more education received, and the higher the income, the better the health rating.
- Most seniors will talk with their families when they need someone to help with their personal care or day-to-day activities. There is a substantial number of elders though who do not know who they would speak with when they need help.
- Fourteen percent of older adults would contact the Division of Senior Services, and 11% a local senior center, to find out about aging services in their community; 41% do not know which agency to contact. Over one-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services.

Highlights

- The majority of seniors, 74%, are aware of home-delivered meals; 8% report receiving either home delivered meals or meals on wheels. Two percent feel they need meals but are not having them delivered, or believe the service they are getting does not provide them with enough meals.
- Most older adults, 87%, know of a senior center in their community where they can go to eat meals and participate in activities. Almost one-fourth of older adults, 21%, visit a center in their community.
- Assistance filling out Medicare, insurance or other forms is thought to be available in the community by 58% of seniors. Twenty percent receive help with their forms; less than 1% say they could use help but are not getting it.
- Lack of transportation is a problem for 8% of older adults. Women more often than men find lack of transportation a problem as do lower income seniors and those not living with a spouse.
- An estimated 5,119 seniors need to use a public transportation system, and for most using public transportation, it meets their needs.
- Almost two-thirds of seniors are aware of a transportation service where you can call in advance. Eight percent of seniors use this service, and for most it meets all their transportation needs.
- Over 90% of elders do not need a daily check by someone to be sure they are okay. Five percent report receiving a check; 2% feel they need it but are not getting it.
- Four percent, or an estimated 4,680 seniors, report having no health insurance, with the majority of them under age 65.
- Cost, not being able to get an appointment, and limited service days/hours are the most often cited reasons for not being able to see a doctor when needed.

Social Support

- Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. Most seniors talk on the telephone at least weekly. Face-to-face interactions occur less frequently but still 81% manage to visit someone outside their home at least once a week.
 - Ten percent of older adults, or an estimated 10,890 persons, have no one who would care for them if they became sick or disabled. For those who have a potential caregiver, it is most likely to be a spouse or child, and someone who is able to care for them as long as needed.
 - Around 83% of older adults own their home, 84% live in a house and 88% have lived at their current residence for two years or more. The majority, 90%, consider their neighborhoods to be extremely or quite safe from crime.
 - Most older adults have never been discriminated against in the past year because of their age (90%) or their race (95%).
 - Only 2% of seniors are aware of older adults in their community who have been abused or neglected. Over one-third, 37%, are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).
- ### Health Care
- Medicare is the most common health care coverage for those age 65 and older. The youngest old, ages 60 to 64, are most likely to be covered by their own or someone else's employer.

Since 1900 the percentage of Americans age 65 and older has more than tripled. The older population will continue to grow significantly and is expected to double over the next 30 years as the "baby boom" generation begins to "gray".¹ The fastest growing segment of the older population is the group 85 years old and older.

Missouri's age 65 and older population has increased 5% from 1990 to 2000. Consistent with the nation, Missouri's 85+ age population has had the greatest rate of growth among age cohorts in the state, increasing 21% over the last 10 years.² The Southeast region (see pg. 5) has experienced a 3% increase in the age 65 and over population, and a 27% growth in the 85+ age group.³

In America, and in Missouri as well, one can expect to spend a significant number of years in old age. Quality of life in later years is directly influenced by an older person's health and level of physical and cognitive functioning. Good health, the ability to live independently in the community and affordable health care are concerns not only for the older person but for society as a whole. Younger persons who care for their aging relatives face financial and emotional challenges. For society, the financing of health care services for seniors is a significant outlay of resources.⁴

In order to effectively address the needs of the older population in Missouri, quality data are needed for assessing functional status, health behaviors and needed assistance. The Missouri Department of Health and Senior Services (formerly the Department of Health and the Division of Aging within the Department of Social Services) and the ten Missouri Area Agencies on Aging (AAA) have conducted a statewide study of older adults, 60 years of age or older, and have targeted minority populations. Analysis of this information will serve as a foundation for program policies to address the needs of this growing population and to improve the quality of life for Missouri's seniors.

Survey Design and Administration

The Missouri Department of Health and Senior Services (DHSS), Division of Chronic Disease Prevention and Health Promotion (CDPHP) designed the needs assessment study, developed the survey questionnaire and conducted the telephone interviews. There were two phases to the study. The first phase sampled the entire state. The second phase targeted minority populations in metro Kansas City, metro St. Louis and the Bootheel region.

The statewide study was designed to provide statewide representation of the population age 60 and older. A disproportionate stratified random sample was used, stratifying by regions that roughly correspond to DHSS districts. This report covers the Southeast region (See Sampling Regions, pg. 5).

Trained interviewers from the CDPHP placed the calls and interviewed only respondents age 60 or older. Proxy respondents were allowed if the respondent was unable to speak on the telephone because of a hearing problem or physical disability. Interviewing occurred June 23, 2000 through March 8, 2001. A total of 2,757 surveys were completed for the statewide study; 481 surveys were conducted among seniors in the Southeast region.

Analysis

The CDPHP has applied the Behavioral Risk Factor Surveillance System (BRFSS) weighting formula to all data collected.⁵ Weighting allows for controlling all known sources of bias and a regional stratification adjustment and post-stratification weight to compensate for non-response and non-coverage of households without telephones. Upon weighting, sample proportions of selected demographic characteristics equal the estimated sample proportions of the population, and the sample size equals Missouri's age 60 and older, non-institutionalized population based on 1990 Census data.

To arrive at population estimates based on 2000 Census data, sample percentages have been ap-

Introduction

plied to the age 60 and older population obtained from the 2000 Census, excluding an estimate of the 65+ institutionalized population. The institutionalized, age 65+ population from the 2000 Census is not yet available on a county level so an estimate of this population for the Southeast region has been determined using the following methodology. Statewide, 50% of the institutionalized population is age 65 or older; it has been assumed that 50% of the region's institutionalized population is also age 65 and older. Half of the institutionalized population has then been deducted from the age 65 and older population, with the resulting total added to the age 60-64 population to arrive at the regional estimate. This estimate has been used as the basis to provide further estimates of certain populations, as noted throughout the report and in the Data Tables section starting on page 22.

Chi-square tests and *t*-tests were conducted at the 95% confidence level to determine statistically significant differences. Where noted in the report, a significant difference means statistical significance at the 95% confidence level.

Report Organization

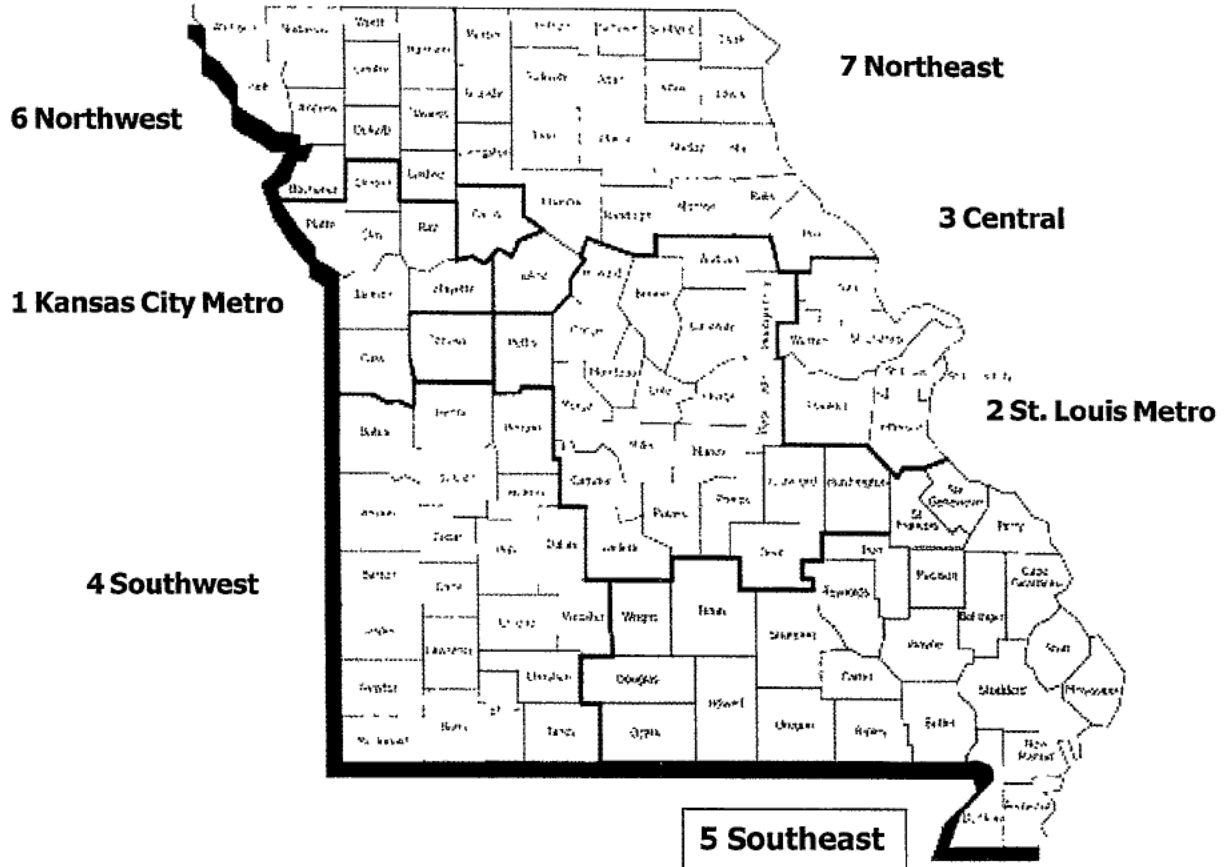
This report is a summary of the data collected from the statewide study for the Southeast region. The first section details selected demographic characteristics of the surveyed older population. The second section covers health status measures and health habits while section three presents measures of functional status. The fourth section explains awareness and usage of selected community aging services. Section five highlights health care coverage and the last section covers issues regarding social activity, caregiving, discrimination, abuse and neglect, and neighborhood safety. At the end of the report is a section of data tables that provides supporting data for the report and population estimates based on the 2000 U.S. Census non-institutionalized, age 60 and older population.

Population Estimate for the Southeast Region		
65+ population	87,570	
- 50.283% of institutionalized population	5,395	
Estimated 65+, non-institutionalized population	82,175	
+ 60-64 population	26,730	
Estimated 60+, non-institutionalized population	108,905	

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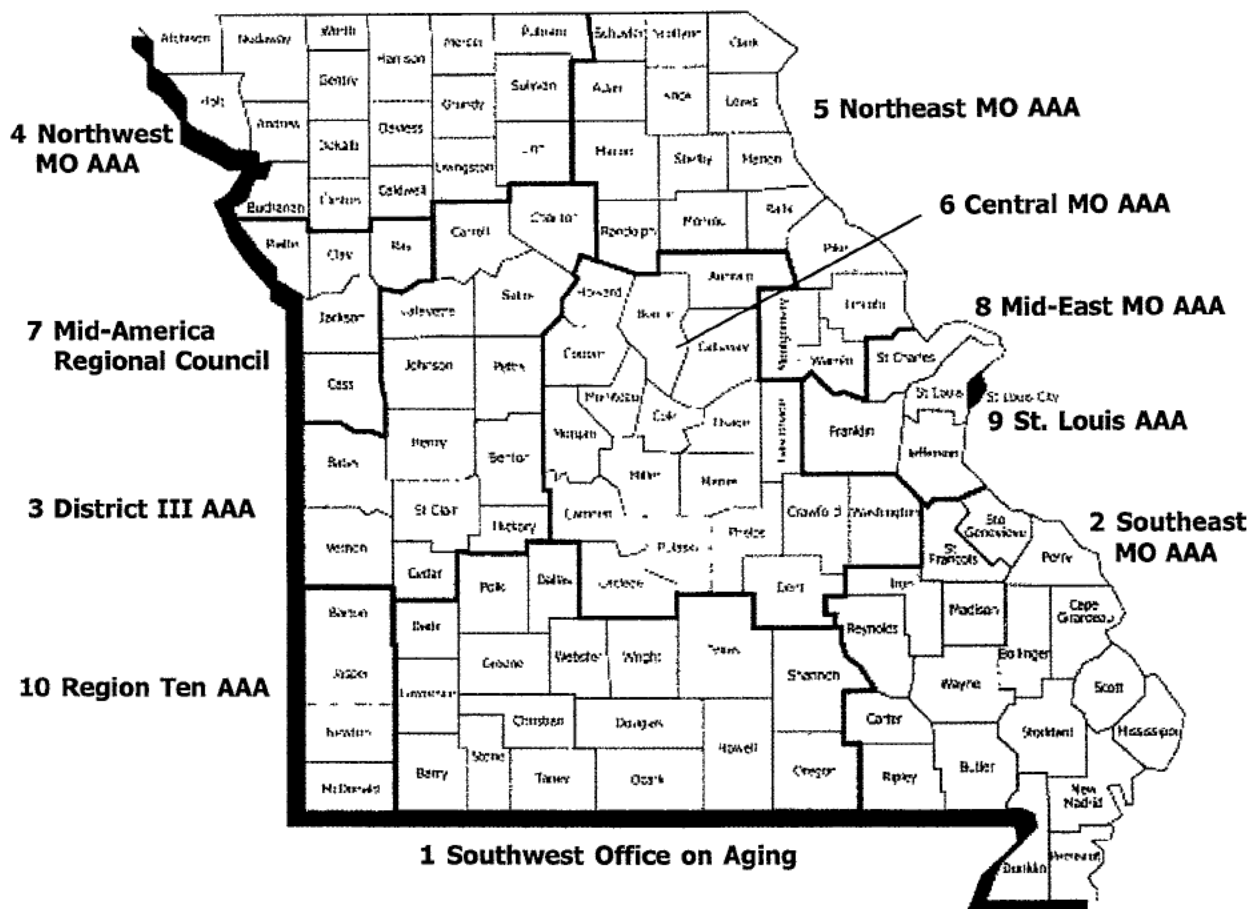
- ¹ A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services
- ² Regional Profiles, OSEDA-Office of Social and Economic Data Analysis, www.oseda.missouri.edu/regional_profiles/pchseniorpop_1990_2000.html
- ³ Basic Demographic Profile Trend Report 1990-2000, Missouri Census Data Center, www.mcdc.missouri.edu
- ⁴ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.
- ⁵ National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Factor Surveillance System, www.cdc.gov/nccdphp/brfss/, Frequently Asked Questions (FAQs)

Sampling Regions



- 1** Cass, Clay, Clinton, Jackson, Lafayette, Platte, Ray
- 2** Franklin, Jefferson, Lincoln, St. Louis City, St. Louis County, St. Charles, Warren
- 3** Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Washington
- 4** Barry, Barton, Bates, Benton, Cedar, Christian, Dade, Dallas, Greene, Henry, Hickory, Jasper, Lawrence, McDonald, Newton, Polk, St. Clair, Stone, Taney, Vernon, Webster
- 5** Bollinger, Butler, Cape Girardeau, Carter, Douglas, Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Reynolds, Ripley, Ste. Genevieve, St. Francois, Scott, Shannon, Stoddard, Texas, Wayne, Wright
- 6** Andrew, Atchison, Buchanan, Caldwell, Carroll, Daviess, DeKalb, Gentry, Harrison, Holt, Johnson, Nodaway, Worth
- 7** Adair, Chariton, Clark, Grundy, Knox, Lewis, Linn, Livingston, Macon, Marion, Mercer, Monroe, Pike, Putnam, Ralls, Randolph, Saline, Scotland, Schuyler, Shelby, Sullivan

Area Agency on Aging Regions



- 1** Barry, Christian, Dade, Dallas, Douglas, Greene, Howell, Lawrence, Oregon, Ozark, Polk, Shannon, Stone, Taney, Texas, Webster, Wright
- 2** Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Perry, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Stoddard, Wayne
- 3** Bates, Benton, Carroll, Cedar, Chariton, Henry, Hickory, Johnson, Lafayette, Pettis, Saline, St. Clair, Vernon
- 4** Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Putnam, Sullivan, Worth
- 5** Adair, Clark, Knox, Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Randolph, Schuyler, Scotland, Shelby, Warren
- 6** Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski, Washington
- 7** Cass, Clay, Jackson, Platte, Ray
- 8** Franklin, Jefferson, St. Charles, St. Louis
- 9** St. Louis City
- 10** Barton, Jasper, McDonald, Newton

Note: See pg. 36 for contact information.

Demographic Characteristics

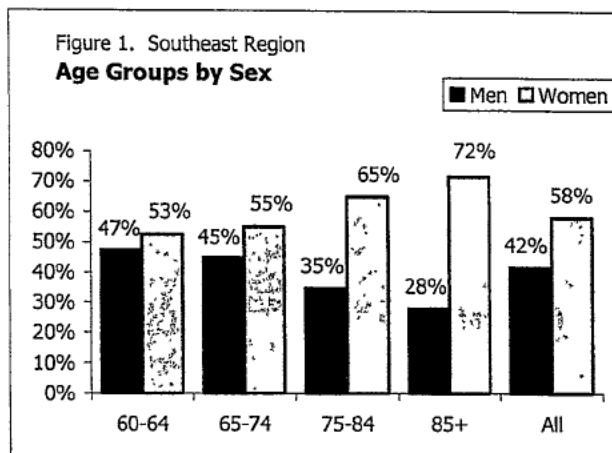
The age of seniors surveyed ranges in years from 60 to 97, with an average of 71 years. Among the younger age groups, there is a fairly even split among men and women. The gap widens among the older old (Table 1). On average, women are older than men, 72 vs. 70, reflecting the longer life expectancy of women.

The majority of older adults surveyed are white; 4% report themselves as black, and 0.3% as a race other than white or black. (Data Tables, pg. 22). For analysis purposes, races other than white will be grouped into a category called Other.

Marital Status, Living Arrangement

Marital status and living arrangement impact older adults' well-being as they are closely linked to income, health status, and the availability of potential caregivers. Consistent with U.S. Census data¹ and national health study data², marital status and living arrangement of Missouri's seniors vary considerably by age, sex and race.

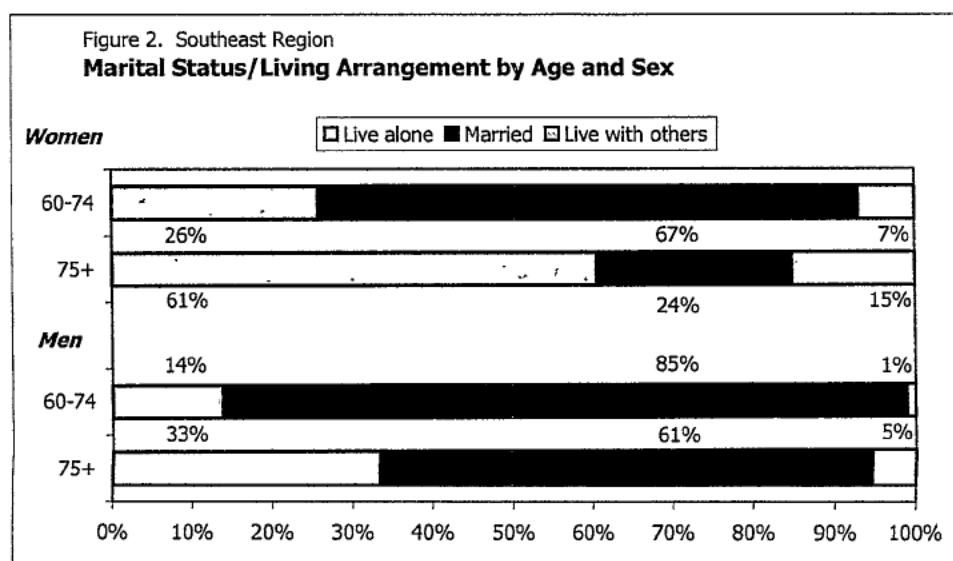
Living arrangement is defined by marital status and the number of people residing in the household. An assumption was made that if the respondent is married and living with another person, that respondent is living with his/her spouse.



For analysis purposes, marital status and living arrangement are combined into the following categories: married and living with others; living alone; living with others.

The number of seniors living alone increases with age. Only 20% of adults aged 60 to 74 live alone; that percentage jumps to 51% for the 75+ age group (Data Table, pg. 22). Men are more likely than women to be married at both age levels, reflecting the fact that men are often outlived by their wives, marry women younger than themselves and remarry more frequently (Figure 2).

Older minority adults are more likely than white seniors to live with others and less likely to live alone (Data Tables, pg. 22).



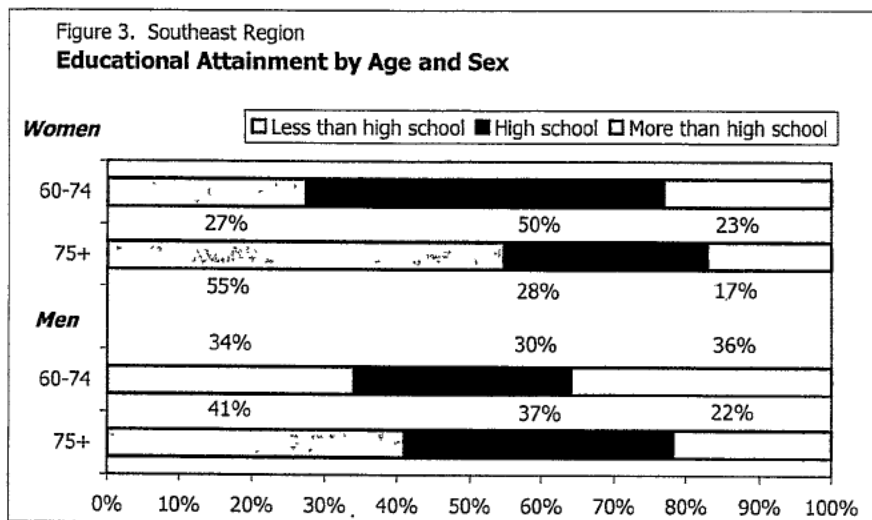
Population

Educational Attainment

Higher levels of education are usually correlated with higher incomes, higher standards of living, and above-average health status among older adults. Thus, education can have an indirect influence on a person's well-being.³

Almost two-thirds of older adults, 63%, have received at least a high school education. Those who did not finish high school are on average older than those who graduated high school (Data Tables, pg. 23).

Education levels are similar among men and women for the older old. For the 60-74 age group, women are more likely to have finished high school while men are more likely to have gone on to college (Figure 3).

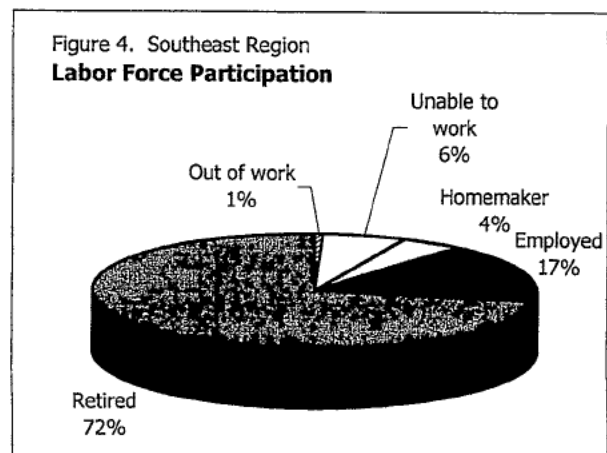


Labor Force Participation

Almost three-fourths of older adults are retired; 17% are employed (Figure 4). Employed seniors who average 66 years of age are younger than retirees, who average 72.5 years of age. Men and women are equally likely to be in the work force (Table 1).

Table 1. Southeast Region
Percent Employed by Age and Sex

	Men	Women	ALL
ALL	18%	16%	17%
60-64	33%	41%	38%
65-74	11%	14%	13%
75-84	16%	2%	7%
85+	0%	0%	0%

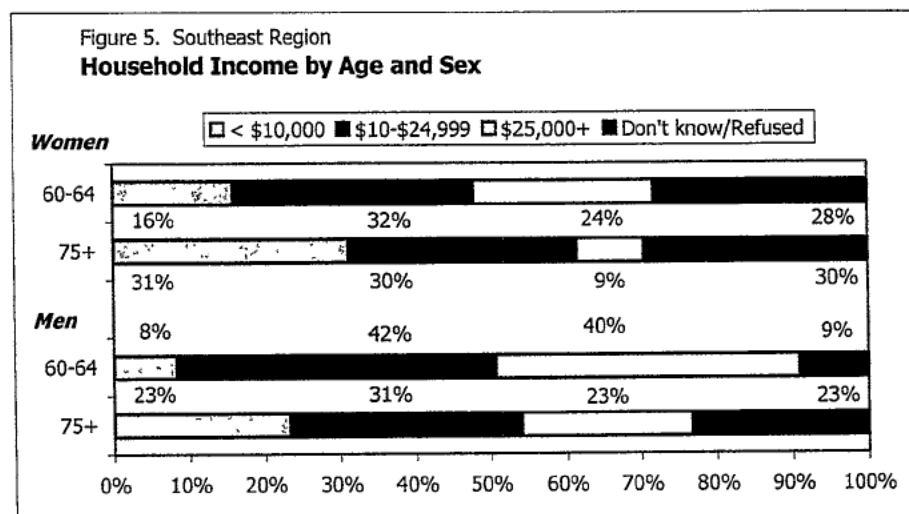


Household Income

An older adult's income has a direct bearing on his or her quality of life. Persons with inadequate income risk lack of food, housing, health care and needed services. Socioeconomic status has been proven to affect a person's health.⁴

Annual household income is less than \$25,000 for 52% of seniors; 7% have incomes of \$50,000 and more (Data Tables, pg. 23). Twenty-two percent of respondents either refused to report their income or did not know their income.

As age increases, household income decreases for both men and women (Figure 5). Men are more likely than women to report higher incomes. Women are more likely than men to report incomes of under \$10,000, a function of a woman's lifelong economic dependency on her spouse and her greater likelihood of widowhood.



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¹ Current Population Reports. The Older Population in the United States. U.S. Census Bureau. March 1999.

² National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

³ Federal Interagency Forum on Aging-Related Statistics. Older Americans 2000: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics, Washington, DC: U.S. Government Printing Office. August 2000.

⁴ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vo. 279 Issue 21 06/03/98, 1703-1709.

Health Status

Self-Rated Health

Self-assessed health is one of the simplest but most informative measures of health, summarizing physical, emotional and social aspects of well-being. Research has found self-rated health to highly correlate with mortality, and has demonstrated that older persons who report their health as poor are at increased risk for declines in physical functioning.¹

Sixty-one percent of seniors assess their health as good, very good or excellent while 39% report their health as fair or poor (Data Tables, pg. 24). Percentages of fair and poor health are similar among men and women (Figure 6).

National studies^{1,2} and the 1994 Needs Assessment study have found black seniors to be more likely to report worse health. In this study, the percentage who report poor health is greater for minority than white seniors, though it is not a statistically significant difference (Figure 7).

Differences in health outcomes by socioeconomic position have been recognized as a persisting public health problem. The Americans' Changing Lives (ACL) longitudinal study found that lower levels of education and income are associated with a significantly higher prevalence of health risk behaviors, including smoking, being overweight and physical inactivity.³

Figure 6. Southeast Region
Percent Who Report Fair or Poor Health by Age and Sex

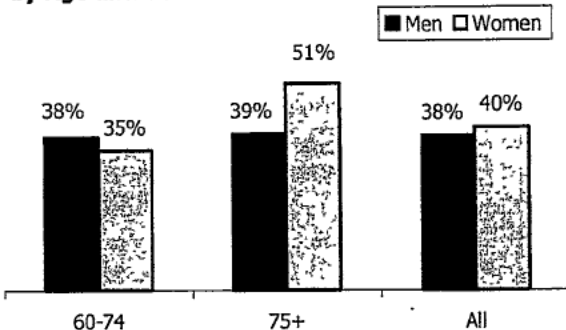
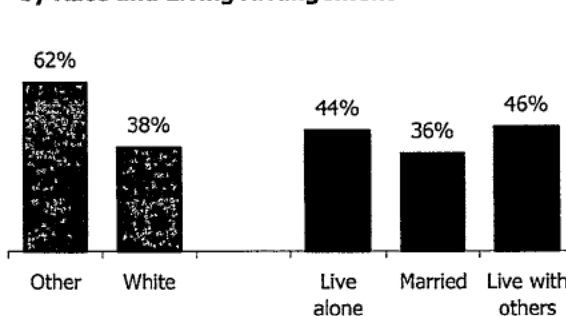
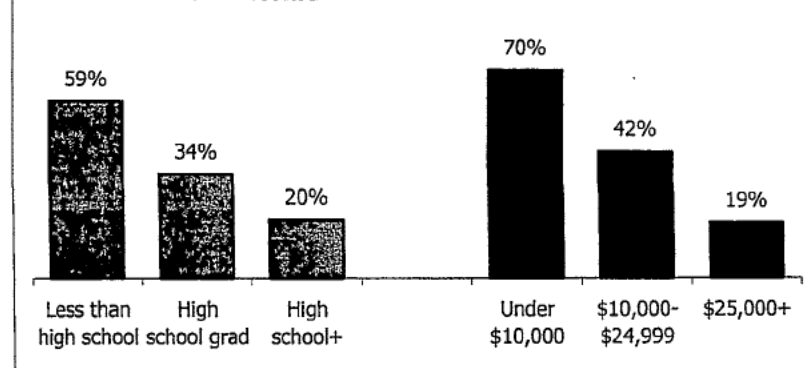


Figure 7. Southeast Region
Percent Who Report Fair or Poor Health by Race and Living Arrangement



Seniors' perception of their health also differs significantly in this study by the socioeconomic indicators of educational attainment and household income. Self-rated health improves as education and income increase. Over half of seniors with less than a high school education rate their health as fair or poor. In contrast, less than one-fourth of seniors with more than a high school education assess their health as not good (Figure 8).

Figure 8. Southeast Region
Percent Who Report Fair or Poor Health by Education and Household Income



Seniors with incomes under \$10,000 are almost five times as likely to rate their health as fair or poor than those with incomes \$10,000 or greater (Figure 8).

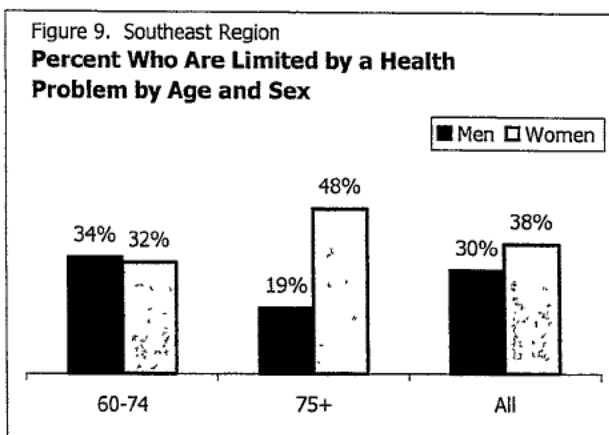
Health Limitations

Chronic diseases such as arthritis affect the quality of life and contribute to disability and the inability to live independently. Over one-third, 35%, of seniors are limited in activities because of an impairment or health problem. Arthritis/rheumatism (6%), lung/breathing problems (6%), a walking problem (5%), and back/neck problems (4%) are the major afflictions reported as limiting activities (Data Tables, pg. 24).

Among the older old, women are more likely than men to report their activities are limited by a health problem (Figure 9). Seniors not living with a spouse are more likely than those living with their spouse to have health limitations (Data Tables, pg. 24). As expected, those rating their health as fair or poor are more likely to indicate their activities are limited because of a health problem than those with a good to excellent self-health rating (Data Tables, pg. 24).

Nineteen percent of elders report having trouble learning, remembering or concentrating because of an impairment or health problem (Data Tables, pg. 24).

Survey participants were asked a variety of questions regarding how many days in the past 30 days they felt healthy, and how many days they were affected by poor physical health, poor mental health, and sleep deprivation. (Table 2; Data Tables, pg. 25)



Days of Good Health

The majority of seniors have felt very healthy and full of energy at least one day in the past 30 days. Those reporting at least one day of good health have averaged 24 good days in the past month.

Days of Poor Health

Over one-third of seniors have had one or more days in the past 30 where their physical health was not good, averaging 20 poor physical health days. Pain made it hard for over one-fourth of older adults to do their usual activities at least one day in the past month. On average, pain inhibited daily activities 17 days during the month.

Table 2. Southeast Region
Percent Who Report At Least 1 Day in the Past 30 Days

	Percent	Estimated Persons	Average # of Days
Felt very healthy & full of energy	70%	76,342	23.9
Physical health was not good	37%	40,077	20.2
Pain made it hard to do activities	28%	30,493	16.8
Mental health was not good	17%	18,514	14.3
Felt sad, blue, depressed	28%	30,058	11.8
Felt worried, tense, anxious	30%	32,454	12.0
Did not get enough rest/sleep	35%	37,899	14.6
Poor health kept you from activities	20%	21,672	19.2

Poor mental health days have been experienced by 17% of seniors, who average 14 poor days; 28% have had at least one day where they felt sad, blue or depressed and average 12 such days; almost one-third have felt worried, tense or anxious and average 12 days; 35% did not get enough rest or sleep, averaging 15 days.

Poor physical or mental health has kept an estimated 21,672 seniors from doing their usual activities; these individuals average 19 days of poor overall health.

Health Status

Health Habits

Research has shown that physical activity has many health benefits: reducing the risk of certain chronic diseases, relieving symptoms of depression, helping to maintain independent living, and enhancing the overall quality of life. Over half of older adults have participated in physical activities or exercised in the past month; participation declines with age (Figure 10).

The most popular activities seniors participate in include walking, gardening and golf. For those who do exercise, they do so several times a week (Data Tables, pg. 26).

Older adults are at a higher risk of contracting and suffering from consequences of the flu or pneumonia. An annual flu shot and a pneumonia vaccination are recommended for adults 65 and older. Over half of seniors have had a flu shot in the past year, with the majority receiving their shot at a doctor's office; 50% have had a pneumonia vaccination (Figure 11).

Figure 10. Southeast Region
Percent Who Participated in Physical Activity by Age

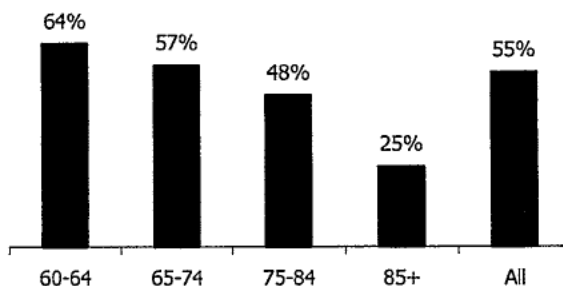
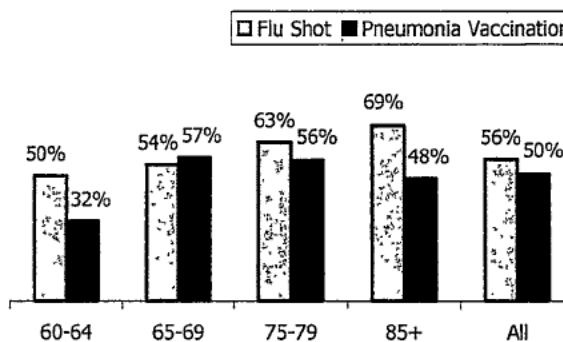


Figure 11. Southeast Region
Percent Who Have Had Vaccinations by Age



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¹ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

² A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services

³ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vol. 279 Issue 21 06/03/98, 1703-1709.

Functional Status

The functional ability of an older person declines with age. Functional limitation and whether a person receives assistance serve as key indicators of an older person's ability to live independently in the community and have implications for service delivery, quality of life, and life expectancy. Functional status is commonly defined in terms of the ability to perform certain tasks of daily living. Researchers group these tasks into two categories: essential activities of daily living (ADL) and the more complex instrumental activities of daily living (IADL). The ADLs included in this survey are eating, bathing, dressing, toileting, getting in/out of bed, walking, getting around the house, and getting outside. IADLs include light housework, heavy housework, using the telephone, shopping, preparing meals, taking medication and managing money.

For each ADL and IADL, respondents were asked how much difficulty they had performing each task, who helped them if they had difficulty and if it was enough help. Respondents are considered to have difficulty with an ADL or IADL if they report needing some help or unable to do without help. Consistent with other studies, those who report they do not do an ADL are counted as having difficulty.¹ Because ADLs are fundamental to the existence of the person, it is likely the respondent who "does not do" a specific activity is limited. The percentage of those reporting "doesn't do for other reason" is less than one percent for any given ADL. Unlike ADLs, IADLs are not necessities of life and may not be done for reasons other than disability. Thus, those who report they do not do a specific IADL are not counted as limited.

ADL and IADL Difficulties

Forty-two percent of seniors report needing some help performing either ADLs or IADLs (Figure 12). Mobility is the most prevalent ADL difficulty with 13% having trouble walking, getting around the house, and/or getting outdoors; 3% have difficulty performing personal care activities (Figure 13). Overall, 16% have ADL difficulties.

More seniors need help with IADLs than with ADLs, 41.5% vs. 16% respectively. Help is most

Figure 12. Southeast Region
Functional Limitations

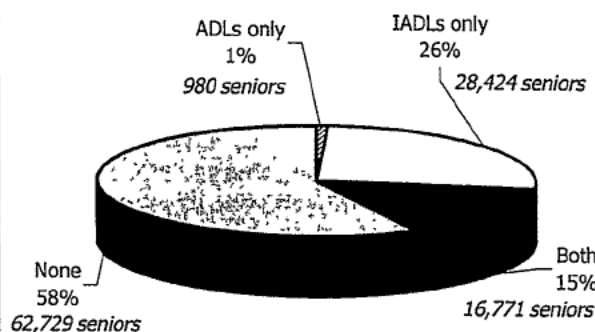
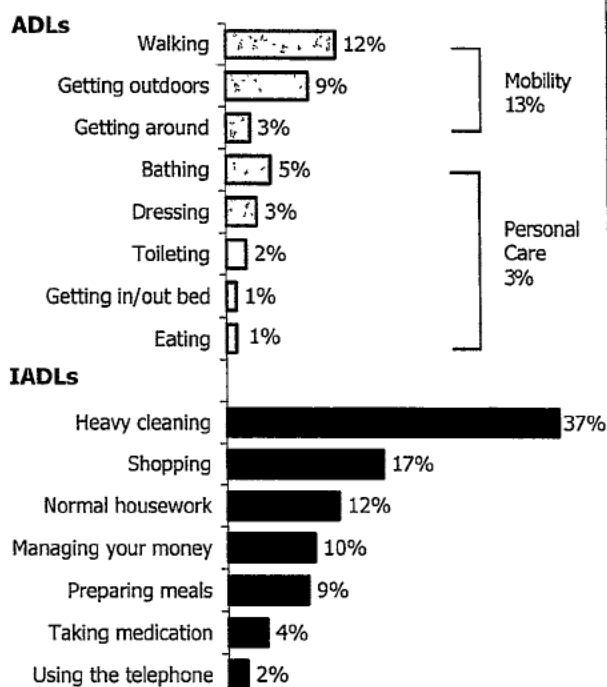


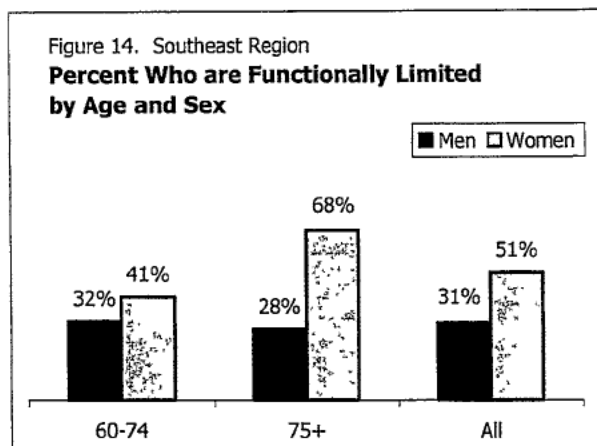
Figure 13. Southeast Region
Percent with ADL and IADL Difficulties



often required with cleaning and shopping (Figure 13).

Seniors with functional limitations are on average older than those who are not limited, 73 vs. 69 years old. Women more than men are likely to need assistance with ADLs and/or IADLs (Figure 14).

Functional Status



Assistance with Functional Limitations and Unmet Needs

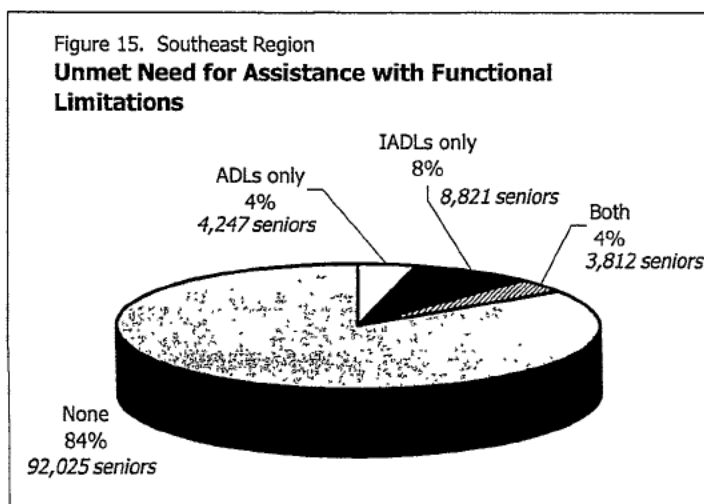
Some seniors are able to overcome their difficulties in performing daily activities through the use of assistive devices; many others require personal assistance. The majority of elders are receiving the necessary assistance and in most cases, it is enough help (Data Tables, pgs. 27-28).

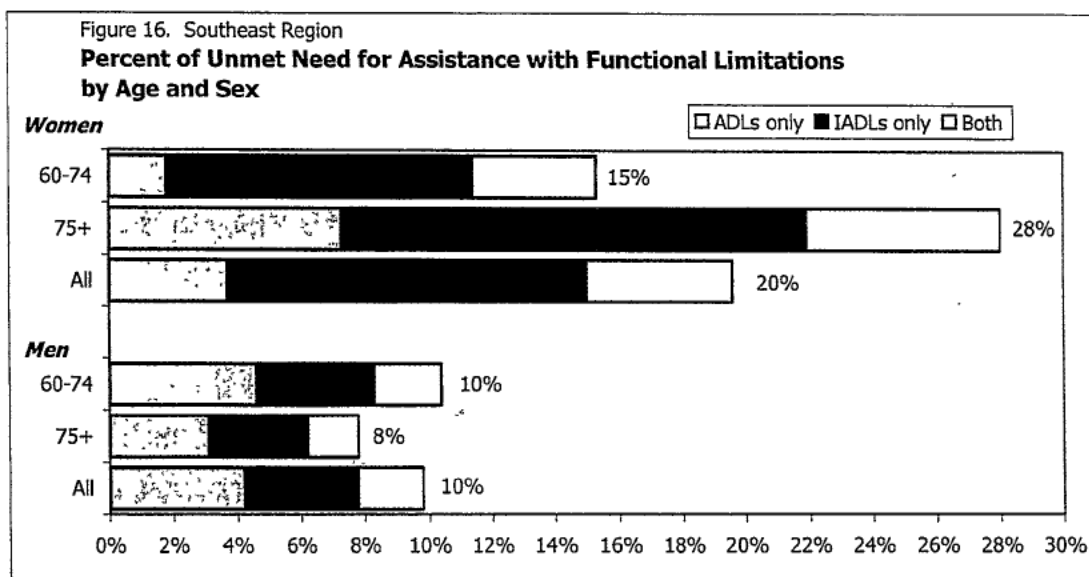
For most, assistance comes from family. Professional help is used most for normal housework and heavy cleaning. Other help, usually in the form of assistive devices such as a walker or cane, is more often used with walking, getting around the house or getting outdoors (Data Tables, pgs. 27-28).

While help is available for most seniors who need it, there are still thousands who are going unaided. These adults may be at risk for institutionalization if the need for assistance goes unmet. Unmet need has been determined for each ADL and IADL where an individual has no one to help when help is needed, or if the help they get is enough help only some of the time, seldom or never.

Overall, 16% are in need of help or need more help with their everyday activities (Figure 15). Around 7% need more help with one or more ADLs, with the majority of elders requiring assistance with walking. Twelve percent could use additional help with at least one IADL. Heavy cleaning is the need that most often goes unmet (Data Tables, pg. 27-28).

As with ADL and IADL difficulties, unmet need for assistance increases as age increases and women are more likely than men to go unaided (Figure 16). The difference between the sexes for needed IADL assistance is much greater than the need for ADL assistance. This is likely due to the traditional role women have played in the household, where cleaning, shopping and cooking are the woman's responsibility. Thus, men may not need help with these activities because they do not do these activities.





References

¹ Health Data on Older Americans: United States, 1992. National Center for Health Statistics. Vital and Health Statistics 3(27), January 1993.

Service Awareness and Use

Where To Go For Help

Most seniors will talk with their family members when they need someone to help with their personal care and their day-to-day activities (Table 3). Fourteen percent, or an estimated 14,700 persons, don't know with whom they would speak for personal care assistance; 14% also do not know who to talk to about getting help with day-to-day activities (Data Tables, pg. 29).

Over one-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services (Figure 17).

Regarding agencies to contact to find out about aging services in the community, awareness is highest for the Division of Senior Services. The majority do not know which agency to contact for services (Figure 18).

Overall, 6% of older adults indicate they have no one to talk to about getting help with personal assistance or day-to-day activities, and do not know what agency to speak with about aging services.

Table 3. Southeast Region

Who Would You Talk to for Help with Personal Care

	With Personal Care	With Day-to-Day Activities
Family	44%	52%
Doctor	17%	8%
Social service agency	11%	10%
Other	14%	16%
Don't know	14%	14%

Figure 17. Southeast Region

Aware of the Toll-Free Information and Referral Number

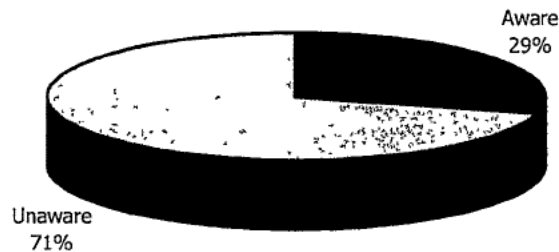
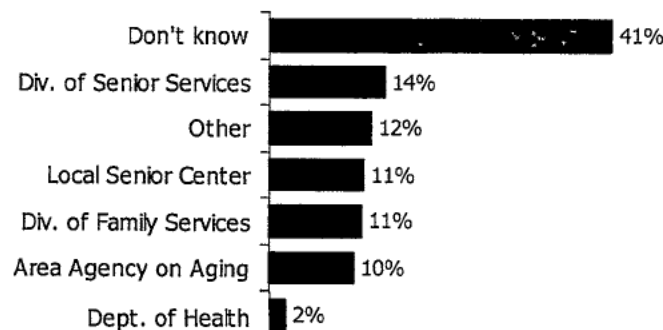


Figure 18. Southeast Region

Agency To Contact About Aging Services



Service Awareness and Use

Home-Delivered Meals

Almost three-fourths of seniors are aware of the availability of home-delivered meals or Meals on Wheels in their community (Table 4). Awareness is higher for women than men, and for those living alone as opposed to those living with someone other than their spouse (Data Tables, pg.

Table 4. Southeast Region
Home-Delivered Meals

	Percent	Persons
Aware	74%	80,699
Receiving	8%	8,277
Unmet Need	2%	2,505

30).

Eight percent report having meals delivered to their homes; 2% believe they need home-delivered meals but are not getting them, or feel the service does not provide them with enough meals (Table 4). This would include Home Delivered Meals through local senior centers and other community operated meals on wheels programs. Reasons for not receiving meals include being unavailable and being unaffordable (Data Tables, pg. 29).

The vast majority of seniors, 97%, have not been concerned about having enough food for themselves and their families in the past 30 days (Data Tables, pg. 29).

Senior Center

The majority of older adults know of a senior center in their community where they can eat meals and participate in social activities (Table 5).

Table 5. Southeast Region
Senior Center

	Percent	Persons
Aware	87%	94,638
Go To	21%	23,197

Almost one-fourth of seniors visit a senior center (Table 5). Those visiting a center are on average older than those who do not, 73.5 versus 71. Women and seniors with incomes below \$10,000 are more likely to go to a center (Data Tables, pg. 30).

Reasons for not going to a senior center include not needing the services offered, unavailability, and not interested in the services offered (Data Tables, pg. 30).

Assistance Filling Out Forms

Assistance filling out Medicare, insurance or other forms is thought to be available in the community by over half of seniors (Table 6).

Not everyone was asked if they currently need help filling out forms due to a survey programming error. *Thus, the data presented here is based on only those seniors asked so need and receipt of assistance of this service may be underestimated.*

Twenty percent of elders say they receive help filling out their forms; another 1% could use help with their forms (Table 6). Seniors with incomes below \$10,000 are more likely than those with higher incomes to be receiving such help (Data Tables, pg. 31).

Table 6. Southeast Region
Assistance Filling Out Forms

	Percent	Persons
Available	58%	62,729
Receiving	20%	12,197
Unmet Need	0.9%	545

Service Awareness and Use

Transportation

Lack of transportation is a problem for 8% of seniors when they want to go someplace (Data Tables, pg. 31). Women more often than men find lack of transportation a problem as do lower income seniors and those not living with a spouse (Data Tables, pg. 32).

Sixteen percent of older adults report a public transportation system is available where they can walk to a bus stop; 5% need to use public transportation when they want to go someplace (Table 7). Less than 1% feel the public transportation system does not meet all their transportation needs (Data Tables, pg. 31).

Table 7. Southeast Region
Public Transportation

	Percent	Persons
Available	16%	17,425
Need to Use	5%	5,119
Doesn't meet my needs	0.6%	653

Transportation Service

	Percent	Persons
Available	65%	70,353
Use	8%	8,712
Doesn't meet my needs	2%	1,851

Almost two-thirds of seniors are aware of the availability of a transportation service where you can call in advance. Eight percent use this service. It doesn't meet all the transportation needs for 2% of seniors because of the day/hour/timing of the service and not disability accessible (Data Tables, pg. 32).

Daily Check

Over 90% of seniors feel they do not need a daily check by someone to be sure they are okay. Five percent are receiving such a check and another 2% believe they need it but are not getting it (Table 8). Seniors age 75 and older are more likely than those under age 75 to receive a daily check (Data Tables, pg. 32).

Table 8. Southeast Region
Daily Check

	Percent	Persons
Receive	5%	5,554
Unmet Need	2%	1,851

Health Care Coverage

For those age 65 and older, Medicare is the most common health care coverage. The youngest old are most likely to be covered by their own or someone else's employer (Data Table, pg. 33).

Four percent, or an estimated 4,680 persons, report having no health insurance, with the majority of them under age 65 (Data Table, pg. 33).

Inability to See a Doctor

Survey participants were asked if there was a time in the past 12 months when they needed to see a doctor but could not for various reasons. Cost, not being able to get an appointment, and limited hours/days are the most often cited reasons for not being able to see a doctor when necessary (Figure 20).

Figure 19. Southeast Region
Health Care Coverage

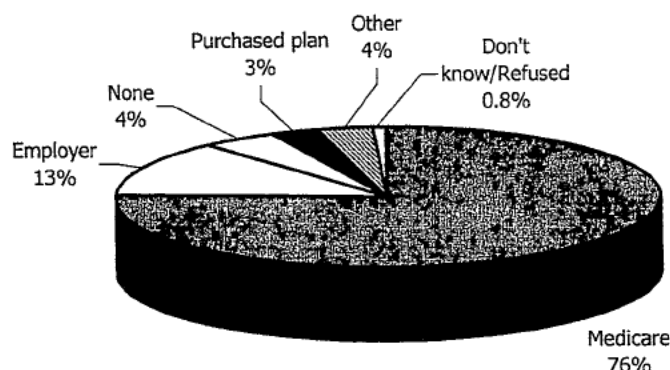
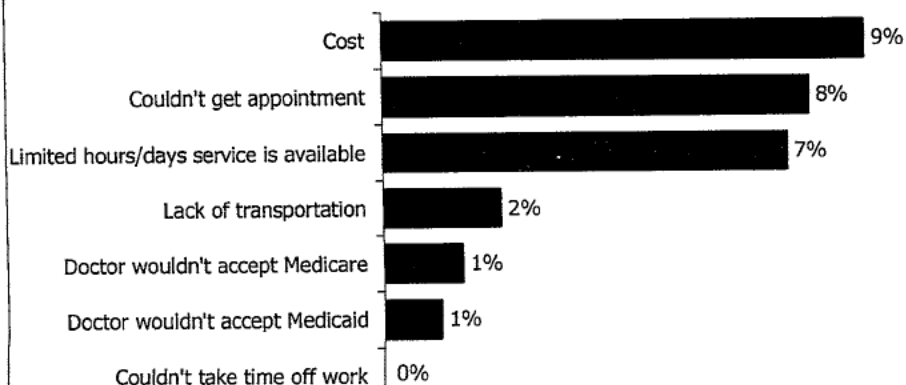


Figure 20. Southeast Region
Percent Who Needed to See a Doctor but Couldn't



Social Support

Social Activity

Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. The vast majority of seniors talk on the telephone at least weekly (Figure 21). Face-to-face interactions occur less frequently but still a majority, 81%, manage to visit someone outside their home at least once a week (Figure 22).

Figure 21. Southeast Region
Talk on the Telephone

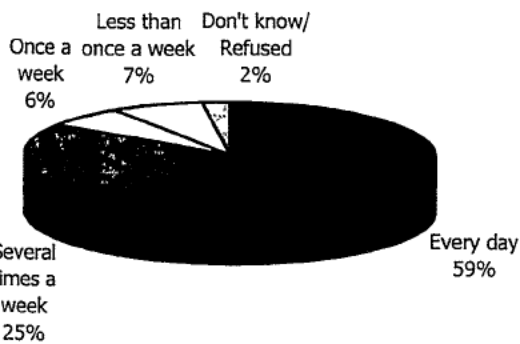
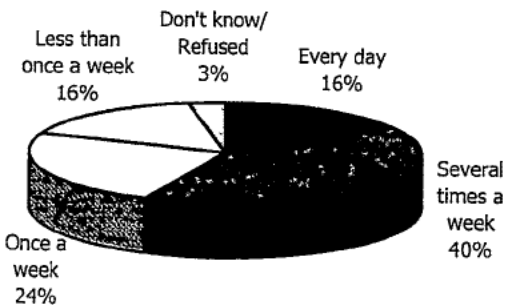


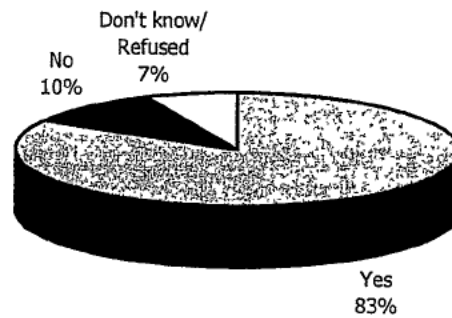
Figure 22. Southeast Region
Visit Someone



Caregiving

Ten percent of older adults, an estimated 10,890 persons, report having no one who would care for them if they became sick or disabled (Figure 23). Understandably, older adults living by themselves are more likely than married seniors to feel they would not have a caregiver should they need one. Functionally limited individuals and females are also more likely to report not having a potential caregiver (Data Tables, pg. 34).

Figure 23. Southeast Region
Have a Potential Caregiver

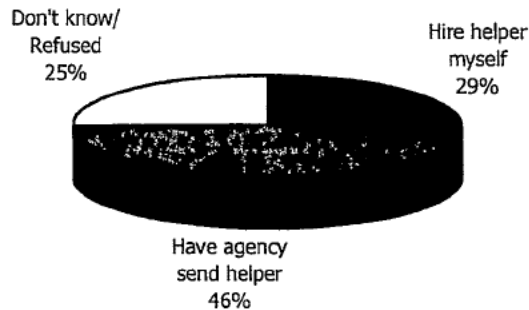


Traditionally, families have cared for older adults. Smaller family sizes, geographic mobility, increased number of women in the workforce and the increased longevity of older adults have been affecting the network of potential caregivers.¹ Family caregivers are an essential part of the health care economy. The estimated value of informal caregiving is an estimated \$196 billion.² With the shrinking number of potential caregivers, increases are likely in in-home care expenses as well as the institutionalization rate and subsequent nursing home care expenses.

For those who would have a caregiver, two-thirds say the person would be able to care for them as long as needed. This person is most likely to be a child or spouse (Data Tables, pg. 34).

If seniors needed help at home, almost half would prefer an in-home agency send someone. One-fourth do not know which option they would prefer (Figure 24).

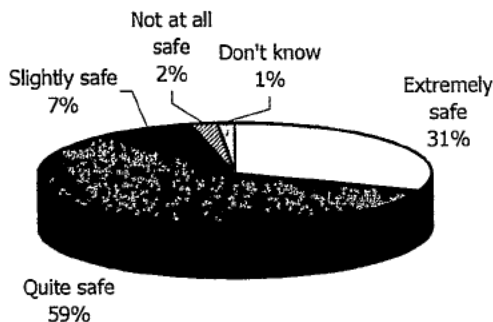
Figure 24. Southeast Region
Preference for In-Home Help



Housing & Neighborhood Safety

Around 83% of older adults own their home, 84% live in a house, and 88% have lived at their current residence for two or more years. Less than one percent are considering moving in the next year where they can get more help (Data Tables, pg. 35). The majority of seniors, 90%, consider their neighborhoods to be extremely or quite safe from crime (Figure 25).

Figure 25. Southeast Region
Neighborhood Safe from Crime



Discrimination

Most older adults have not been discriminated against in the past year because of their age (90%) or their race (95%). Of those who experienced racial or ethnic discrimination, 11% report it prevented them from receiving needed services (Data Tables, pg. 35). A total of 1.7% of respondents didn't know or refused to answer if they had experienced racial or ethnic discrimination.

Abuse & Neglect

Only 2% of seniors are aware of older adults in their community who have been abused or neglected (Data Tables, pg. 35). One-third are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

References

¹ Internet Information Note: Caregiving for the Elderly - National Aging Information Center; www.aoa.gov/naic/Notes/caregivingforelderly.html.

² Family Caregiver Alliance Fact Sheet: Selected Caregiver Statistics; www.caregiver.org/factsheets/caregiver_statsC.html.

Data Tables

Note: Population estimates are determined by applying the sample percentages to the age 60 and older population, excluding the age 65+, institutionalized population. Because the estimates are based on rounded sample percentages, they may not add to the total population.

Population of the Sample

Southeast Region	Percent
	100.0%
Age	
60-64	24.3%
65-69	25.2%
70-74	18.6%
75-79	15.0%
80-84	11.0%
85+	5.5%
Refused	0.4%
Sex	
Male	41.7%
Female	58.3%
Race	
White	96.0%
Black	3.6%
Other	0.3%
Don't know/Refused	0.2%
Hispanic	
Yes	1.0%
No	98.0%
Don't know/Refused	1.0%
Marital Status	
Married	64.0%
Widowed	25.4%
Divorced	8.0%
Never been married	1.5%
Separated	1.1%
Household Size	
One	30.2%
Two	61.6%
Three	5.7%
Four or more	2.5%
Living Arrangement	
Live alone	30.2%
Live with spouse	57.6%
Live with spouse/others	5.6%
Live with others	6.6%
Marital Status/ Living Arrangement	
Live alone	30.2%
Married, live with spouse	63.2%
Live with others	6.6%

Percent of Race by Age

Southeast Region	White	Other
ALL	96.0%	3.9%
Age		
60-64	96.2%	3.1%
65-74	95.1%	4.9%
75-84	97.7%	2.3%
85+	92.8%	7.2%
60-74	95.5%	4.2%
75+	96.8%	3.2%
Average Age	71.7	73.2

Percent of Marital Status/Living Arrangement by Age Groups, Sex and Race

Southeast Region	Live alone	Married	Live with others
ALL	30.2%	63.2%	6.6%
Age			
60-64	17.9%	77.3%	4.8%
65-74	21.6%	74.4%	4.0%
75-84	47.8%	41.7%	10.6%
85+	68.6%	13.2%	18.2%
60-74	20.3%	75.5%	4.3%
75+	51.4%	36.8%	11.9%
Average Age	74.9	68.7	75.2
Sex			
Male	18.8%	79.1%	2.1%
Female	38.3%	51.8%	9.9%
Race			
White	31.3%	63.1%	5.6%
Other	2.9%	65.0%	32.1%

Population of the Sample

Southeast Region	Percent
	100.0%
Education	
No school	0.3%
Grades 1 through 8	21.2%
Grades 9 through 11	15.1%
Grade 12 or GED	37.6%
College 1-3 years	14.2%
College degree or more	11.3%
Refused	0.3%
Employment Status	
Employed for wages	12.5%
Self-employed	4.4%
Out of work	0.6%
Homemaker	4.4%
Retired	72.2%
Unable to work	6.0%
Household Income	
Less than \$10,000	17.5%
\$10,000-\$14,999	14.2%
\$15,000-\$19,999	9.8%
\$20,000-\$24,999	10.8%
\$25,000-\$34,999	10.4%
\$35,000-\$49,999	8.5%
\$50,000-\$74,999	4.4%
\$75,000 or more	2.3%
Don't know	11.4%
Refused	10.6%

Percent of Educational Attainment by Age Groups, Sex and Race

Southeast Region	Less than High School	High School	More than High School
ALL	36.6%	37.6%	25.5%
Age			
60-74	30.5%	40.6%	29.0%
75+	50.1%	31.2%	18.7%
Average Age	73.2	69.9	69.4
Sex			
Male	35.9%	31.8%	32.3%
Female	37.2%	42.0%	20.8%
Race			
White	36.3%	37.7%	25.7%
Other	43.7%	36.7%	19.6%

Percent of Household Income by Age Groups, Sex and Race

Southeast Region	Less than \$10,000	\$10,000-\$24,999	\$25,000+	Don't know/Refused
ALL	17.5%	34.9%	25.6%	22.1%
Age				
60-74	12.5%	36.7%	31.3%	19.5%
75+	28.6%	30.4%	13.6%	27.5%
Average Age	73.7	70.7	68.5	72.1
Sex				
Male	12.2%	39.4%	35.7%	12.7%
Female	21.3%	31.6%	18.4%	28.8%
Race				
White	17.3%	35.3%	25.2%	22.2%
Other	23.7%	25.4%	31.7%	19.3%
Living Arrangement				
Live alone	36.2%	31.7%	13.1%	19.0%
Married	7.5%	37.1%	33.4%	22.0%
Live with others	27.6%	28.3%	8.1%	36.0%

Data Tables

Health Status

Southeast Region	Percent	Persons
	100.0%	108,905
Self-rated health (Q1)		
Excellent	10.0%	10,891
Very Good	21.1%	22,979
Good	29.4%	32,018
Fair	25.0%	27,226
Poor	14.1%	15,356
Don't know/Refused	0.4%	436
Excellent, Very Good, Good	60.5%	65,888
Fair, Poor	39.1%	42,582
Limited in activities because of any impairment/health problem (Q94)		
Yes	34.6%	37,681
No	65.4%	71,224
Major impairment/health problem (Q95)		
Arthritis/Rheumatism	6.3%	6,861
Lung/breathing problem	6.0%	6,534
Walking problem	4.6%	5,010
Back/neck problem	4.1%	4,465
Diabetes	2.6%	2,832
Heart problem	2.5%	2,723
Fractures, bone/joint injury	1.2%	1,307
Cancer	1.1%	1,198
Eye/vision problem	0.8%	871
Other impairment/problem	5.3%	5,772
Have no impairment	65.4%	71,224
Don't know/Refused	0.2%	218
Have trouble learning, remembering, concentrating (Q96)		
Yes	18.7%	20,365
No	81.2%	88,431
Don't know/Refused	0.1%	109

Percent of Health Limitations by Selected Demographics

Southeast Region	Limited	Not Limited
ALL	34.6%	65.4%
Age		
60-74	33.0%	67.0%
75+	38.3%	61.7%
Average Age	72.6	71.2
Sex		
Male	30.0%	70.0%
Female	37.8%	62.2%
Race		
White	34.6%	65.4%
Other	34.5%	65.5%
Living Arrangement		
Live alone	44.2%	55.8%
Married	27.9%	72.1%
Live with others	54.5%	45.5%
Education		
< High School	46.8%	53.2%
High School	30.9%	69.1%
> High School	22.7%	77.3%
Income		
< \$10,000	55.6%	44.4%
\$10-\$24,999	40.6%	59.9%
\$25,000+	18.7%	81.3%
Don't know/Refused	27.6%	72.4%
Self-Rated Health		
Excellent	2.6%	97.4%
Very Good	11.5%	88.5%
Good	27.2%	72.8%
Fair	50.7%	49.3%
Poor	79.5%	20.5%

Health Status

Southeast Region	Percent	Persons	Southeast Region	Percent	Persons
	100.0%	108,905		100.0%	108,905
Days of poor physical health (Q2)			Days felt sad, blue or depressed (Q98)		
None	59.2%	64,472	None	65.7%	71,551
1-7 days/1 week	8.4%	9,148	1-7 days/1 week	15.0%	16,336
8-14 days/2 weeks	4.6%	5,010	8-14 days/2 weeks	2.1%	2,287
15-21 days/3 weeks	4.5%	4,901	15-21 days/3 weeks	4.0%	4,356
22-29 days/4 weeks	1.0%	1,089	22-29 days/4 weeks	0.5%	545
30 days/All month	18.3%	19,930	30 days/All month	6.0%	6,534
Don't know/Refused	4.0%	4,356	Don't know/Refused	6.8%	7,406
Days of poor mental health (Q3)			Days felt worried, tense or anxious (Q99)		
None	78.8%	85,817	None	62.8%	68,392
1-7 days/1 week	6.5%	7,079	1-7 days/1 week	17.0%	18,514
8-14 days/2 weeks	3.4%	3,703	8-14 days/2 weeks	2.9%	3,158
15-21 days/3 weeks	2.0%	2,178	15-21 days/3 weeks	2.4%	2,614
22-29 days/4 weeks	1.1%	1,198	22-29 days/4 weeks	0.5%	545
30 days/All month	4.1%	4,465	30 days/All month	7.0%	7,623
Don't know/Refused	4.2%	4,574	Don't know/Refused	7.4%	8,059
Days poor physical/mental health limited activities (Q4)			Days did not get enough rest or sleep (Q100)		
None	77.9%	84,837	None	62.5%	68,066
1-7 days/1 week	4.8%	5,227	1-7 days/1 week	14.4%	15,682
8-14 days/2 weeks	3.5%	3,812	8-14 days/2 weeks	4.9%	5,336
15-21 days/3 weeks	1.9%	2,069	15-21 days/3 weeks	3.5%	3,812
22-29 days/4 weeks	1.2%	1,307	22-29 days/4 weeks	1.8%	1,960
30 days/All month	8.4%	9,148	30 days/All month	10.2%	11,108
Don't know/Refused	2.3%	2,505	Don't know/Refused	2.7%	2,940
Days where pain made it hard to do activities (Q97)			Days felt very healthy & full of energy (Q101)		
None	69.2%	75,362	None	6.5%	7,079
1-7 days/1 week	8.8%	9,584	1-7 days/1 week	5.3%	5,772
8-14 days/2 weeks	4.1%	4,465	8-14 days/2 weeks	9.0%	9,801
15-21 days/3 weeks	4.3%	4,683	15-21 days/3 weeks	10.9%	11,871
22-29 days/4 weeks	0.1%	109	22-29 days/4 weeks	38.4%	41,820
30 days/All month	10.7%	11,653	30 days/All month	8.8%	9,584
Don't know/Refused	2.8%	3,049	Don't know/Refused	21.1%	22,979

Data Tables

Health Status

Southeast Region	Percent	Persons
	100.0%	108,905
Participate in physical activities/exercise (Q123)		
Yes	54.8%	59,680
No	44.9%	48,898
Don't know/Refused	0.3%	327
Type of physical activity/exercise (Q124)		
Walking	32.8%	35,721
Gardening	8.5%	9,257
Golf	2.6%	2,832
Dance-Aerobics	1.3%	1,416
Home/Health Club exercise	1.1%	1,198
Mowing lawn	1.1%	1,198
Biking (pleasure)	0.7%	762
Swimming laps	0.4%	436
Other	6.3%	6,861
None	45.2%	49,225
Distance usually walk/run (Q125)		
Do not walk/run/jog	66.4%	72,313
Less than 1 mile	10.6%	11,544
1 mile	6.4%	6,970
1.1-1.5 miles	3.6%	3,921
1.6-2.0 miles	7.7%	8,386
2.1-3.0 miles	1.5%	1,634
3.1-6.0 miles	0.3%	327
Don't know/Refused	3.5%	3,812
Frequency of physical activity/exercise (Q126)		
Do not participate	45.2%	49,225
Every day	12.5%	13,613
1-3 times a week	24.7%	26,900
4-6 times a week	14.2%	15,465
1-4 times a month	2.5%	2,723
Don't know/Refused	0.9%	980

Southeast Region	Percent	Persons
	100.0%	108,905
Duration of physical activity (Q127)		
Do not participate	45.2%	49,225
20 minutes or less	9.4%	10,237
21-30 minutes	14.9%	16,227
31-60 minutes	13.3%	14,484
1-2 hours	3.9%	4,247
More than 2 hours	8.0%	8,712
Don't know/Refused	5.4%	5,881
Flu shot in past year (Q91)		
Yes	55.8%	60,769
No	44.2%	48,136
Where received flu shot (Q92)		
A doctor's office or HMO	30.5%	33,216
A health department	10.5%	11,435
Hospital/emergency room	4.8%	5,227
Another type of clinic	4.4%	4,792
Workplace	2.6%	2,832
Senior, rec/community center	1.7%	1,851
A store	0.3%	327
Other	0.9%	980
Did not get a flu shot	44.2%	48,136
Had pneumonia vaccination (Q93)		
Yes	50.0%	54,453
No	48.6%	52,928
Don't know/Refused	1.3%	1,416

Functional Status: Activities of Daily Living

(Q5-Q33, Q46-Q49)	EATING		BATHING		DRESSING/ GROOMING		TOILETING	
Southeast Region	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	108,905	100.0%	108,905	100.0%	108,905	100.0%	108,905
Need help to do								
Without help	98.9%	107,707	95.1%	103,569	96.6%	105,202	97.8%	106,509
With help	1.1%	1,198	4.9%	5,336	3.4%	3,703	2.2%	2,396
Who helps								
No one	0.3%	327	0.0%	0	0.0%	0	0.5%	545
Professional	0.0%	0	1.0%	1,089	0.6%	653	0.1%	109
Spouse	0.0%	0	1.5%	1,634	1.3%	1,416	0.3%	327
Other family member	0.6%	653	0.7%	762	0.5%	545	0.7%	762
Non-relative	0.2%	218	0.4%	436	0.6%	653	0.2%	218
Other	0.0%	0	1.3%	1,416	0.5%	545	0.4%	436
Do not need help	98.9%	107,707	95.1%	103,569	96.6%	105,202	97.8%	106,509
Enough help								
All/Most of the time	0.2%	218	3.7%	4,029	2.8%	3,049	1.5%	1,634
Some of the time/Seldom	0.5%	545	1.2%	1,307	0.5%	545	0.1%	109
Never	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Don't know/Refused	0.0%	0	0.0%	0	0.1%	109	0.0%	0
Have no help	0.3%	327	0.0%	0	0.0%	0	0.5%	545
Do not need help	98.9%	107,707	95.1%	103,569	96.6%	105,202	97.8%	106,509

	GETTING IN/OUT OF BED		WALKING		GETTING AROUND HOUSE		GETTING OUTDOORS	
Southeast Region	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	108,905	100.0%	108,905	100.0%	108,905	100.0%	108,905
Need help to do								
Without help	98.9%	107,707	88.0%	95,836	97.3%	105,965	91.0%	99,104
With help	1.1%	1,198	12.0%	13,069	2.7%	2,940	9.0%	9,801
Who helps								
No one	0.0%	0	1.7%	1,851	0.4%	436	0.7%	762
Professional	0.1%	109	0.4%	436	0.1%	109	0.8%	871
Spouse	0.7%	762	0.0%	0	0.7%	762	1.7%	1,851
Other family member	0.2%	218	0.6%	653	0.2%	218	4.0%	4,356
Non-relative	0.0%	0	0.1%	109	0.0%	0	0.4%	436
Other	0.1%	109	9.3%	10,128	1.5%	1,634	1.4%	1,525
Do not need help	98.9%	107,707	88.0%	95,836	97.3%	105,965	91.0%	99,104
Enough help								
All/Most of the time	0.8%	871	7.3%	7,950	2.0%	2,178	6.6%	7,188
Some of the time/Seldom	0.3%	327	2.6%	2,832	0.3%	327	1.6%	1,742
Never	0.0%	0	0.3%	327	0.0%	0	0.1%	109
Have no help	0.0%	0	1.7%	1,851	0.4%	436	0.7%	762
Do not need help	98.9%	107,707	88.0%	95,836	97.3%	105,965	91.0%	99,104

Data Tables

Functional Status: Instrumental Activities of Daily Living (IADLs)

(Q34-Q45, Q50-Q65)	NORMAL HOUSEWORK		HEAVY CLEANING		USING THE TELEPHONE		SHOPPING	
Southeast Region	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	108,905	100.0%	108,905	100.0%	108,905	100.0%	108,905
Need help to do								
Without help	87.8%	95,619	63.4%	69,046	97.9%	106,618	82.9%	90,282
With help	12.2%	13,286	36.6%	39,859	2.1%	2,287	17.1%	18,623
Who helps								
No one	0.3%	327	3.5%	3,812	0.0%	0	0.2%	218
Professional	3.0%	3,267	5.3%	5,772	0.0%	0	0.8%	871
Spouse	2.6%	2,832	9.5%	10,346	0.6%	653	5.0%	5,445
Other family member	1.5%	1,634	9.8%	10,673	0.6%	653	8.6%	9,366
Non-relative	2.4%	2,614	6.2%	6,752	0.1%	109	1.4%	1,525
Other	2.5%	2,723	2.2%	2,396	0.8%	871	1.1%	1,198
Do not need help	87.8%	95,619	63.4%	69,046	97.9%	106,618	82.9%	90,282
Enough help								
All/Most of the time	9.9%	10,782	27.3%	29,731	2.1%	2,287	14.6%	15,900
Some of the time/Seldom	1.8%	1,960	5.8%	6,316	0.0%	0	2.3%	2,505
Never	0.3%	327	0.0%	0	0.0%	0	0.0%	0
Have no help	0.3%	327	3.5%	3,812	0.0%	0	0.2%	218
Do not need help	87.8%	95,619	63.4%	69,046	97.9%	106,618	82.9%	90,282

	PREPARING MEALS		TAKING MEDICATIONS		MANAGING MONEY	
Southeast Region	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	108,905	100.0%	108,905	100.0%	108,905
Need help to do						
Without help	91.2%	99,321	95.7%	104,222	90.5%	98,559
With help	8.8%	9,584	4.3%	4,683	9.5%	10,346
Who helps						
No one	0.3%	327	0.0%	0	0.0%	0
Professional	1.1%	1,198	0.3%	327	0.2%	218
Spouse	3.2%	3,485	1.6%	1,742	4.7%	5,119
Other family member	1.8%	1,960	0.0%	0	3.3%	3,594
Non-relative	0.5%	545	0.0%	0	0.4%	436
Other	1.9%	2,069	0.2%	218	0.9%	980
Do not need help	91.2%	99,321	95.7%	104,222	90.5%	98,559
Not asked	NA	NA	2.1%	2,287	NA	NA
Enough help						
All/Most of the time	6.8%	7,406	2.1%	2,287	9.0%	9,801
Some of the time/Seldom	1.7%	1,851	0.0%	0	0.5%	545
Never	0.0%	0	0.0%	0	0.0%	0
Have no help	0.3%	327	0.0%	0	0.0%	0
Do not need help	91.2%	99,321	95.7%	104,222	90.5%	98,559
Not asked	NA	NA	2.1%	2,287	NA	NA

Service Awareness and Use

Southeast Region	Percent	Persons	Southeast Region	Percent	Persons
	100.0%	108,905		100.0%	108,905
Talk to about getting help with personal care (Q66)			Home-delivered meals available in community (Q68)		
Spouse	20.7%	22,543	Yes	74.1%	80,699
Child/Family	20.4%	22,217	No	13.1%	14,267
Physician	16.9%	18,405	Don't know/Refused	12.9%	14,049
Social service agency	11.4%	12,415	Need/Receiving home-delivered meals (Q69-Q70)		
Other relative	3.2%	3,485	Need it & am not receiving it	2.1%	2,287
Friend/Neighbor	1.9%	2,069	Need it & am receiving it	4.4%	4,792
Clergy/Minister/Priest/Rabbi	0.4%	436	Not need it but am receiving	3.2%	3,485
Other	8.0%	8,712	Do not need this service	90.3%	98,341
No one else, decide by myself	1.8%	1,960	Why not receiving home-delivered meals (Q71)		
Does not need assistance	1.7%	1,851	Not available	0.8%	871
Don't know/Refused	13.5%	14,702	Cannot afford	0.3%	327
Talk to about getting help with day-to-day activities (Q67)			Other	0.9%	980
Spouse	23.2%	25,266	Don't know/Refused	0.2%	218
Child/Family	25.4%	27,662	Am receiving service	7.6%	8,277
Social service agency	10.2%	11,108	Do not need service	90.3%	98,341
Physician	7.5%	8,168	Provide with enough meals (Q72)		
Other Relative	3.3%	3,594	Yes	4.1%	4,465
Friend/Neighbor	3.1%	3,376	No	0.1%	109
Clergy/Minister/Priest/Rabbi	0.6%	653	Don't know/Refused	0.2%	218
Other	8.4%	9,148	Not receiving service	2.1%	2,287
No one else, decide by myself	1.2%	1,307	Do not need service	93.5%	101,826
Does not need assistance	2.8%	3,049	Concerned about having enough food (Q142)		
Don't know/Refused	14.3%	15,573	Yes	1.7%	1,851
Agency would contact about aging services in community (Q88)			No	97.3%	105,965
MO Division of Senior Services	13.6%	14,811	Don't know/Refused	1.0%	1,089
Local Senior Center	11.1%	12,088			
MO Div of Family Services	10.8%	11,762			
Area Agency on Aging	9.9%	10,782			
MO Dept of Health	1.8%	1,960			
Other	12.1%	13,178			
Don't know	40.6%	44,215			
Aware of toll-free number for information and referral (Q89)					
Yes	29.3%	31,909			
No	69.0%	75,144			
Don't know	1.7%	1,851			

Data Tables

Service Awareness and Use

Percent Aware of, Receiving & Needing Home-Delivered Meals by Selected Demographics

Southeast Region	Aware	Receiving	Unmet Need
All	74.1%	7.6%	2.3%
Age			
60-74	71.4%	4.9%	1.4%
75+	79.6%	13.3%	4.2%
Average Age	71.5	75.7	73.5
Sex			
Male	67.0%	6.3%	0.8%
Female	79.1%	8.5%	3.3%
Race			
White	74.0%	7.7%	2.4%
Other	79.5%	5.5%	0.0%
Income			
< \$10,000	76.9%	12.8%	8.4%
\$10-\$24,999	73.4%	6.5%	1.6%
\$25,000+	78.2%	6.9%	0.0%
Don't know/Refused	68.2%	5.9%	1.1%
Living Arrangement			
Live alone	80.9%	14.9%	5.8%
Married	72.3%	4.2%	0.8%
Live with others	60.5%	6.6%	0.0%

Percent Aware Of & Go To Senior Center by Selected Demographics

Southeast Region	Aware	Go To
ALL	86.9%	21.3%
Age		
60-74	88.2%	20.9%
75+	83.9%	21.9%
Average Age	70.8	72.9
Sex		
Male	82.4%	19.5%
Female	90.1%	22.6%
Race		
White	87.4%	21.3%
Other	79.5%	20.8%
Income		
< \$10,000	86.3%	21.5%
\$10-\$24,999	90.9%	24.3%
\$25,000+	85.4%	16.2%
Don't know/Refused	82.8%	22.1%
Living Arrangement		
Live alone	85.5%	19.0%
Married	88.6%	22.5%
Live with others	77.1%	19.9%

Southeast Region	Percent	Persons
Senior center in community (Q73)	100.0%	108,905
Yes	86.9%	94,638
No	7.5%	8,168
Don't know/Refused	5.6%	6,099
Go to a Senior Center (Q74)		
Yes	21.3%	23,197
No	78.7%	85,708
Why not go to a Senior Center (Q75)		
Don't need services offered	27.2%	29,622
Not available	13.1%	14,267
Not interested in services	13.8%	15,029
Not convenient	6.0%	6,534
No transportation	2.5%	2,723
Not old enough to go	1.1%	1,198
Don't feel welcome/belong	0.8%	871
Other	12.4%	13,504
Don't know	1.9%	2,069
I go to a Senior Center	21.3%	23,197

Southeast Region	Percent	Persons
Assistance filling out forms available in community (Q76)	100.0%	108,905
Yes	57.6%	62,729
No	11.5%	12,524
Don't know/Refused	30.9%	33,652
Need/Receiving assistance with forms (Q77-Q78)		
Need it & am not receiving it	0.5%	545
Need it & am receiving it	6.2%	6,752
Not need it but am receiving	5.0%	5,445
Do not need this service	45.8%	49,878
Not asked	42.4%	46,176
Why not receiving assistance with forms (Q79)		
Not available	0.3%	327
Not convenient	0.3%	327
Receiving assistance with forms	6.2%	6,752
Don't need service	50.8%	55,324
Not asked	42.4%	46,176

Service Awareness and Use

Percent Receiving & Needing Assistance Filling Out Forms by Selected Demographics

Southeast Region	Avail- able	Receiving	Unmet Need
ALL	57.6%	19.5%	0.9%
Age			
60-74	57.3%	17.3%	0.7%
75+	58.3%	24.5%	1.4%
Average Age	70.9	72.2	80.0
Sex			
Male	57.4%	14.7%	1.1%
Female	57.7%	22.9%	0.8%
Race			
White	56.8%	18.6%	0.5%
Other	80.1%	28.3%	0.7%
Income			
< \$10,000	62.5%	34.7%	0.0%
\$10-\$24,999	56.8%	17.7%	0.0%
\$25,000+	60.4%	11.7%	1.7%
Don't know/Refused	51.5%	18.7%	2.3%
Living Arrangement			
Live alone	53.3%	31.9%	0.0%
Married	59.0%	12.8%	1.4%
Live with others	63.1%	32.6%	0.0%

Note: Percentages for **Receiving & Unmet Need** are based on those who were asked the question.

Southeast Region	Percent	Persons
	100.0%	108,905
How often lack of transportation a problem (Q80)		
Always	2.8%	3,049
Nearly always	0.5%	545
Sometimes	4.8%	5,227
Seldom	4.7%	5,119
Never	86.3%	93,985
Don't know/Refused	1.0%	1,089
How often need to use public transportation (Q81)		
Always	0.9%	980
Nearly always	1.2%	1,307
Sometimes	2.7%	2,940
Seldom	3.0%	3,267
Never	91.8%	99,975
Don't know/Refused	0.4%	436
Public transportation system available (Q82)		
Yes	16.0%	17,425
No	78.9%	85,926
Don't know	5.1%	5,554
Public transportation meet all transportation needs (Q83)		
Yes	2.2%	2,396
No	0.6%	653
Don't use public transportation	96.8%	105,420
Don't know/Refused	0.4%	436
Why public transportation doesn't meet all needs (Q84)		
Day/Hour/Timing of service	0.3%	327
Other	0.1%	109
Use public trans/meets needs	2.2%	2,396
Don't use public transportation	96.8%	105,420
Don't know/Refused	0.6%	653

Data Tables

Service Awareness and Use

Southeast Region	Percent	Persons
	100.0%	108,905
Transportation service available where can call in advance (Q85)		
Yes	64.6%	70,353
No	15.8%	17,207
Don't know	19.6%	21,345
Transportation service meet all transportation needs (Q86)		
Yes	5.7%	6,208
No	1.7%	1,851
Don't use a service	92.0%	100,193
Don't know	0.6%	653
Why transportation service doesn't meet all needs (Q87)		
Day/Hour/Timing of service	0.1%	109
Not disability accessible	0.1%	109
Other	1.2%	1,307
Use service & meets my needs	5.7%	6,208
Don't use service	92.0%	100,193
Don't know	0.9%	980
Need a daily check by someone (Q138-Q139)		
Need it & am not receiving it	1.7%	1,851
Need it & am receiving it	5.1%	5,554
Do not need this service	91.9%	100,084
Don't know/Refused	1.2%	1,307

Percent For Whom Lack of Transportation is a Problem Always, Nearly Always or Sometimes by Selected Demographics

Southeast Region	Lack of transportation is a problem
ALL	8.1%
Age	
60-74	7.3%
75+	9.7%
Average Age	72.4
Sex	
Male	2.8%
Female	11.8%
Race	
White	8.0%
Other	10.1%
Income	
< \$10,000	16.3%
\$10-\$24,999	10.2%
\$25,000+	0.5%
Don't know/Refused	6.9%
Living Arrangement	
Live alone	13.2%
Married	4.7%
Live with others	16.7%

Percent Receiving & Needing a Daily Check by Selected Demographics

Southeast Region	Receive	Unmet Need
ALL	3.1%	0.5%
Age		
60-74	2.9%	0.6%
75+	9.7%	4.1%
Average Age	77.0	76.3
Sex		
Male	5.2%	0.8%
Female	5.1%	2.3%
Race		
White	5.4%	1.6%
Other	0.0%	4.6%
Income		
< \$10,000	10.3%	3.0%
\$10-\$24,999	6.2%	1.6%
\$25,000+	1.0%	0.0%
Don't know/Refused	4.1%	2.7%
Living Arrangement		
Live alone	8.5%	2.2%
Married	2.9%	1.4%
Live with others	10.9%	2.7%

Health Care

Southeast Region	Percent	Persons	Southeast Region	Percent	Persons
	100.0%	108,905		100.0%	108,905
Health coverage use to pay for most of medical care (Q117-120)			Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicaid (Q122c)		
Medicare	75.7%	82,441	Yes	1.0%	1,089
Through your employer	8.9%	9,693	No	98.4%	107,163
Through someone else's employer	4.1%	4,465	Don't know/Refused	0.6%	653
A plan that you buy on your own	2.7%	2,940	Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicare (Q122d)		
Some other source	1.4%	1,525	Yes	1.4%	1,525
Military, CHAMPUS, TriCare	1.2%	1,307	No	98.4%	107,163
Medicaid or Medical Assistance	0.9%	980	Don't know/Refused	0.3%	327
None	4.3%	4,683	Time during the last 12 months when needed to see a doctor but could not because of limited hours/days service is available (Q122e)		
Don't know/Refused	0.8%	871	Yes	7.1%	7,732
Time during the last 12 months when needed to see a doctor but could not because of the cost (Q121)			No	91.4%	99,539
Yes	8.6%	9,366	Don't know/Refused	1.5%	1,634
No	91.0%	99,104	Time during the last 12 months when needed to see a doctor but could not take time off work (Q122f)		
Don't know/Refused	0.4%	436	Yes	0.0%	0
Time during the last 12 months when needed to see a doctor but could not because of the lack of transportation (Q122a)			No	99.6%	108,469
Yes	2.1%	2,287	Don't know/Refused	0.4%	436
No	97.7%	106,400	Time during the last 12 months when needed to see a doctor but could not because of other reasons (Q122g)		
Don't know/Refused	0.3%	327	Yes	2.0%	2,178
Time during the last 12 months when needed to see a doctor but could not because could not get an appointment (Q122b)			No	96.9%	105,529
Yes	7.6%	8,277	Don't know/Refused	1.1%	1,198
No	92.2%	100,410			
Don't know/Refused	0.3%	327			

Health Care Coverage by Age Groups, Race and Income

Southeast Region	Medicare	Through Employer	Other	Have no coverage
ALL	75.7%	13.0%	6.2%	4.3%
Age				
60-74	66.9%	18.7%	8.7%	4.9%
75+	95.3%	0.8%	0.9%	2.2%
Race				
White	76.0%	12.9%	6.2%	4.1%
Other	71.3%	10.9%	8.7%	9.2%
Income				
< \$10,000	85.0%	0.0%	7.2%	7.9%
\$10,000+	75.2%	14.5%	6.4%	3.1%
Don't know/Refused	69.8%	19.3%	5.1%	4.6%

Data Tables

Social Support

<i>Southeast Region</i>	Percent	Persons
	100.0%	108,905
Talk on the telephone (Q132)		
Every day	59.2%	64,472
Several times a week	25.0%	27,226
Once a week	6.2%	6,752
Less than once a week	3.2%	3,485
Almost never	4.1%	4,465
Don't know/Refused	2.3%	2,505
Visit someone who does not live with you (Q133)		
Every day	16.4%	17,860
Several times a week	40.4%	43,998
Once a week	23.9%	26,028
Less than once a week	8.5%	9,257
Almost never	7.7%	8,386
Don't know/Refused	3.1%	3,376
Number of close friends who would help with emotional problems (Q134)		
None	7.1%	7,732
One	5.0%	5,445
Two	8.9%	9,693
Three or more	70.2%	76,451
Don't know/Refused	8.8%	9,584
Someone who would care for you (Q135)		
Yes	83.3%	90,718
No	10.0%	10,891
Don't know/Refused	6.7%	7,297
Length of time could provide care (Q136)		
No one to care for me	10.0%	10,891
As long as needed	56.7%	61,749
Only for a short time	10.9%	11,871
Only now and again	7.3%	7,950
Don't know/Refused	15.1%	16,445
Relationship to caregiver (Q137)		
No one to care for me	10.0%	10,891
Spouse	31.3%	34,087
Child	31.9%	34,741
Grandchild	0.4%	436
Other relative	6.4%	6,970
Friend/Neighbor	3.2%	3,485
Other	1.7%	1,851
Not asked	15.1%	16,445

<i>Southeast Region</i>	Percent	Persons
	100.0%	108,905
Other(s) in household limited by impairment/health problem (Q140)		
Yes	20.5%	22,326
No	48.8%	53,146
No others in household	30.2%	32,889
Don't know/Refused	0.5%	545
Caregiver for another person (Q141)		
Yes	12.1%	13,178
No	57.1%	62,185
No others in household	30.2%	32,889
Refused	0.5%	545
Preference if needed help at home (Q143)		
In-home service agency	45.3%	49,334
Find and hire by oneself	29.3%	31,909
Don't know/Refused	25.5%	27,771

Percent with No Possible Caregiver

<i>Southeast Region</i>	No Caregiver
ALL	10.0%
Age	
60-74	7.5%
75+	15.5%
Sex	
Male	6.2%
Female	12.8%
Race	
White	10.0%
Other	10.1%
Income	
Less than \$10,000	16.1%
\$10,000+	8.3%
Fair or Poor Health	
Yes	13.1%
No	8.1%
Functionally Limited	
Yes	13.8%
No	7.2%
Living Arrangement	
Live alone	19.6%
Married	5.5%
Live with others	9.8%

Social Support

<i>Southeast Region</i>	Percent	Persons	<i>Southeast Region</i>	Percent	Persons
	100.0%	108,905		100.0%	108,905
Own or rent (Q129)			Discriminated against because of age (Q145)		
Own	83.3%	90,718	Most of the time	1.1%	1,198
Rent	12.8%	13,940	Some of the time	2.0%	2,178
Other	2.7%	2,940	Seldom	5.4%	5,881
Don't know/Refused	1.2%	1,307	Never	89.5%	97,470
Type of housing (Q130)			Don't know/Refused	2.0%	2,178
House	84.4%	91,916	Discriminated against because of race (Q146)		
Apartment	4.2%	4,574	Most of the time	0.2%	218
Mobile home	6.4%	6,970	Some of the time	1.4%	1,525
Condo	0.3%	327	Seldom	1.8%	1,960
Duplex	1.2%	1,307	Never	94.8%	103,242
Retirement home	1.4%	1,525	Don't know/Refused	1.7%	1,851
Other	1.6%	1,742	Racial or ethnic discrimination prevented receipt of needed services (Q147)		
Refused	0.6%	653	Yes	0.4%	436
Time lived at current residence (Q131)			No	3.1%	3,376
1-5 months	3.2%	3,485	No discrimination	96.5%	105,093
6-11 months	3.2%	3,485	Know of elder abuse/neglect in community (Q148)		
12-23 months	4.9%	5,336	Yes	1.9%	2,069
2 or more years	87.8%	95,619	No	95.9%	104,440
Refused	0.9%	980	Don't know/Refused	2.3%	2,505
Considering moving to a place where can get more help (Q144)			Kind of abuse/neglect (Q149) (More than one response accepted)		
Within the next six months	0.3%	327	Physical	0.6%	653
Within one year	0.4%	436	Emotional	1.4%	1,525
In one or two years	0.3%	327	Financial	0.3%	327
Sometime in the future	8.9%	9,693	Do not know of any abuse	98.2%	106,945
Not considering moving	87.9%	95,727	Aware of abuse/neglect hotline (Q90)		
Don't know/Refused	2.3%	2,505	Yes	36.9%	40,186
Neighborhood safe from crime (Q128)			No	61.3%	66,759
Extremely safe	30.7%	33,434	Don't know/Refused	1.7%	1,851
Quite safe	58.6%	63,818			
Slightly safe	7.0%	7,623			
Not at all safe	2.3%	2,505			
Don't know/Refused	1.4%	1,525			

Missouri Information & Referral Network

Website: www.dhss.state.mo.us/Senior_Services/index.html

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**2000 Missouri Older Adult Needs Assessment
Bootheel Region**

**Missouri Area Agencies on Aging
Missouri Department of Health and Senior Services**

March 2003

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Population

- As the "baby boom" generation begins to gray, the older population is expected to double in the United States over the next 30 years.
- Missouri's age 65 and older population has increased 5% from 1990 to 2000; the 85+ age group increased 21%. The Bootheel region's age 65 and older population has dropped 6% while the 85+ age group has increased 23%.
- The age of seniors surveyed ranges in years from 60 to 91, with an average of 70 years. Women account for 61% of seniors surveyed.
- Marital status and living arrangement are closely linked to an older adult's income, health status and the availability of caregivers. Marital status and living arrangement vary among age, sex and race. As age increases, the number of seniors living alone significantly increases. Men are more likely than women to be married at every age level. Seniors of a minority race are more likely than white seniors to be living with others.
- Household income decreases as age increases. Those reporting incomes under \$10,000 average 74 years of age; those with incomes \$25,000 and over are on average 67 years old.

Health Status

- Self-rated health is a simple but informative summary measure of health. Almost 54% of seniors assess their health as good, very good or excellent while 45% rate their health as fair or poor. As age increases, negative health evaluations increase.
- Self-rated health differs by socioeconomic indicators. The more education received, and the higher the reported income, the better the health rating.

- One-third of older adults are limited in activities because of an impairment or health problem.

Functional Status

- Functional limitation and whether a person receives assistance serve as key indicators of an older person's ability to live independently and remain in the community. Forty-two percent need help in performing one or more everyday activities. As age increases, functional limitations increase.
- The majority of seniors are receiving the necessary help with their everyday activities, most often aided by family members. Yet, 14% are not getting the help or need more help. Walking is the activity of daily living (ADL) for which assistance is most often not received. Heavy cleaning is the most likely instrumental activity of daily living (IADL) for which there is an unmet need.

Service Awareness and Use

- Most seniors will talk with their families when they need someone to help with their personal care or day-to-day activities. There is a substantial number of elders though who do not know who they would speak with when they need help.
- Seventeen percent of older adults would contact the Division of Senior Services to find out about aging services in their community; 34% do not know which agency to contact. Over one-fourth of seniors are aware of the information and referral toll-free number operated by the Division of Senior Services (1-800-235-5503).
- The majority of seniors, 81%, are aware of home-delivered meals; 16% report receiving either home delivered meals or meals on wheels.

Highlights

Less than one percent feel the service does not provide them with enough meals.

- Over three-fourths of older adults know of a senior center in their community where they can go to eat meals and participate in activities. Over one-fourth, 27%, of older adults visit a center in their community.
- Assistance filling out Medicare, insurance or other forms is thought to be available in the community by 61% of seniors. Around one-fourth of older adults receive this help.
- Lack of transportation is a problem for 9% of older adults. The problem becomes greater as adults get older.
- Four percent of seniors need to use a public transportation system, and for most using public transportation, it meets all their needs.
- Three-fourths are aware of a transportation service where you can call in advance. Eight percent use this service, and for half of them, it meets all their transportation needs.
- The majority of elders, 92%, do not need a daily check by someone to be sure they are okay. Six percent of older adults receive such a check; another 2% feel someone should check on them but no one is doing so.

Health Care

- Medicare is the most common health care coverage for those age 65 and older. The youngest old, ages 60 to 64, are most likely to be covered by an employer or through another source. Five percent, or an estimated 1,520 seniors, report having no health insurance.
- Cost and not being able to get an appointment

are the most often cited reasons for not being able to see a doctor when necessary.

Social Support

- Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. Most seniors, 97%, talk on the telephone at least weekly. Face-to-face interactions occur less frequently but still 77% manage to visit someone outside their home at least once a week.
- Ten percent of older adults, or an estimated 2,920 persons, have no one who would care for them if they became sick or disabled. For those who have a potential caregiver, it is most likely to be their child or spouse.
- Around 78% of older adults own their home, 87% live in a house and almost 95% have lived at their current residence for two years or more. Three-fourths consider their neighborhoods to be extremely or quite safe from crime.
- Most older adults have never been discriminated against in the past year because of their age (92%) or their race (92%).
- Five percent of seniors are aware of older adults in their community who have been abused or neglected. Forty percent are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

Since 1900 the percentage of Americans age 65 and older has more than tripled. The older population will continue to grow significantly and is expected to double over the next 30 years as the "baby boom" generation begins to "gray".¹ The fastest growing segment of the older population is the group 85 years old and older.

Missouri's age 65 and older population has increased 5% from 1990 to 2000. Consistent with the nation, Missouri's 85+ age population has had the greatest rate of growth among age cohorts in the state, increasing 21% over the ten years.² The Bootheel region's age 65 and older population has experienced a drop of 6% while the 85+ age group has grown 23%.³

In America, and in Missouri as well, one can expect to spend a significant number of years in old age. Quality of life in later years is directly influenced by an older person's health and level of physical and cognitive functioning. Good health, the ability to live independently in the community and affordable health care are concerns not only for the older person but for society as a whole. Younger persons who care for their aging relatives face financial and emotional challenges. For society, the financing of health care services for seniors is a significant outlay of resources.⁴

In order to effectively address the needs of the older population in Missouri, quality data are needed for assessing functional status, health behaviors and needed assistance. The Missouri Department of Health and Senior Services (formerly the Department of Health and the Division of Aging within the Department of Social Services) and the ten Missouri Area Agencies on Aging (AAA) have conducted a statewide study of older adults, 60 years of age or older, and have targeted minority populations. Analysis of this information will serve as a foundation for program policies to address the needs of this growing population and to improve the quality of life for Missouri's seniors.

Survey Design and Administration

The Missouri Department of Health and Senior Services (DHSS), Division of Chronic Disease Pre-

vention and Health Promotion (CDPHP) designed the needs assessment study, developed the survey questionnaire and conducted the telephone interviews. There were two phases to the study. The first phase sampled the entire state. The second phase targeted minority populations in metro Kansas City, metro St. Louis and the Bootheel region.

The statewide study was designed to provide statewide representation of the population aged 60 and older. A disproportionate stratified random sample was used, stratifying by regions that roughly correspond to DHSS districts. For the targeted survey, a disproportionate stratified random sample was also used in the Bootheel, St. Louis City and the city of Kansas City. Stratification was made proportionately to the county population. Zip codes with 40% African-Americans or more in St. Louis, 20% or more in Kansas City, and 18% or more in the Bootheel were oversampled. This report covers the targeted survey in the Bootheel region.

Trained interviewers from the CDPHP placed the calls and interviewed only respondents age 60 or older. Proxy respondents were allowed if the respondent was unable to speak on the telephone because of a hearing problem or physical disability. Interviewing occurred June 23, 2000 through March 8, 2001. A total of 2,757 surveys were completed for the statewide study; 445 targeted interviews were completed. Of the targeted surveys, 128 were completed among Bootheel residents.

Analysis

The CDPHP applied the Behavioral Risk Factor Surveillance System (BRFSS) weighting formula to all data collected.⁵ Weighting allows for controlling all known sources of bias and a regional stratification adjustment and post-stratification weight to compensate for non-response and non-coverage of households without telephones. Upon weighting, sample proportions of selected demographic characteristics equal the estimated sample proportions of the population, based on 1990 Census data.

To arrive at population estimates based on 2000

Introduction

Census data, sample percentages have been applied to the age 60 and older population obtained from the 2000 Census, excluding an estimate of the age 65+ institutionalized population. The institutionalized, age 65+ population from the 2000 Census is not yet available on a county level so an estimate of this population for the Bootheel region has been determined using the following methodology. Statewide, 50% of the institutionalized population is age 65 or older; it has been assumed that 50% of the Bootheel's institutionalized population is also age 65 and older. Half of the institutionalized population has then been deducted from the age 65 and older population, with the resulting total added to the 60-64 population to arrive at an estimate for the age 60+ population. This estimate has been used as the basis to provide further estimates of certain populations, as noted throughout the report and in the Data Tables section starting on page 22.

Population Estimate for the Bootheel Area	
65+ population	24,292
- 50.283% of institutionalized population	1,142
Estimated 65+, non-institutionalized population	23,150
+ 60-64 population	7,260
Estimated 60+, non-institutionalized population	30,410

Chi-square tests and *t*-tests were conducted at the 95% confidence level to determine statistically significant differences. Where noted in the report, a significant difference means statistical significance at the 95% confidence level.

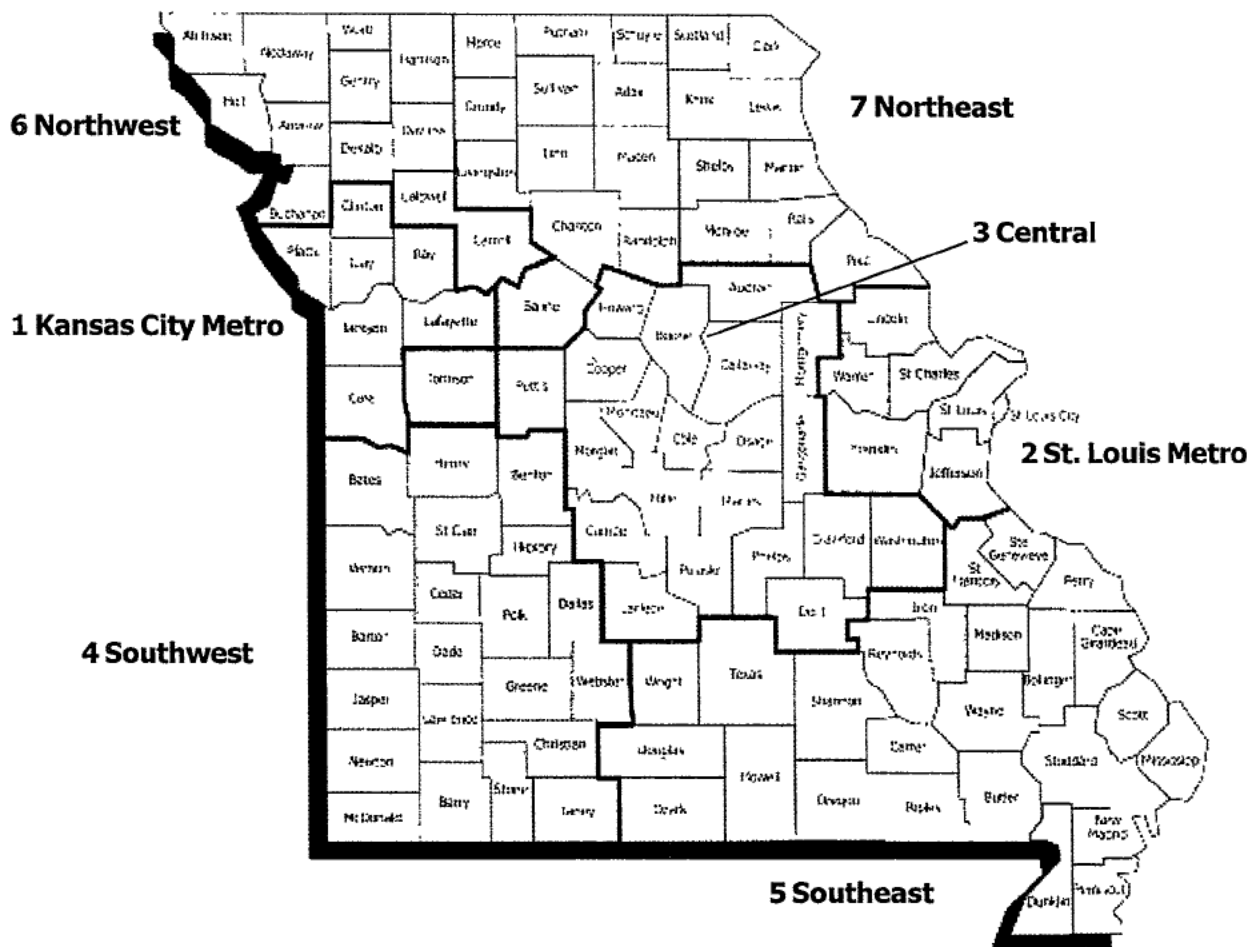
Report Organization

This report is a summary of the data collected from the targeted survey in the Bootheel region. The first section details selected demographic characteristics of the older population. The second section covers health status measures and health habits while section three presents measures of functional status. The fourth section explains awareness and usage of selected community aging services. Section five highlights health care coverage and the last section covers issues regarding social activity, caregiving, discrimination, abuse and neglect, and neighborhood safety. At the end of the report is a section of data tables that provides supporting data for the report and population estimates based on the 2000 U.S. Census, non-institutionalized, age 60 and older population.

References

- ¹ A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services
- ² Regional Profiles, OSEDA-Office of Social and Economic Data Analysis, www.oseda.missouri.edu/regional_profiles/pchseniorpop_1990_2000.html
- ³ Basic Demographic Profile Trend Report 1990-2000, Missouri Census Data Center, www.mcdc.missouri.edu
- ⁴ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.
- ⁵ National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Factor Surveillance System, www.cdc.gov/nccdphp/brfss/, Frequently Asked Questions (FAQs)

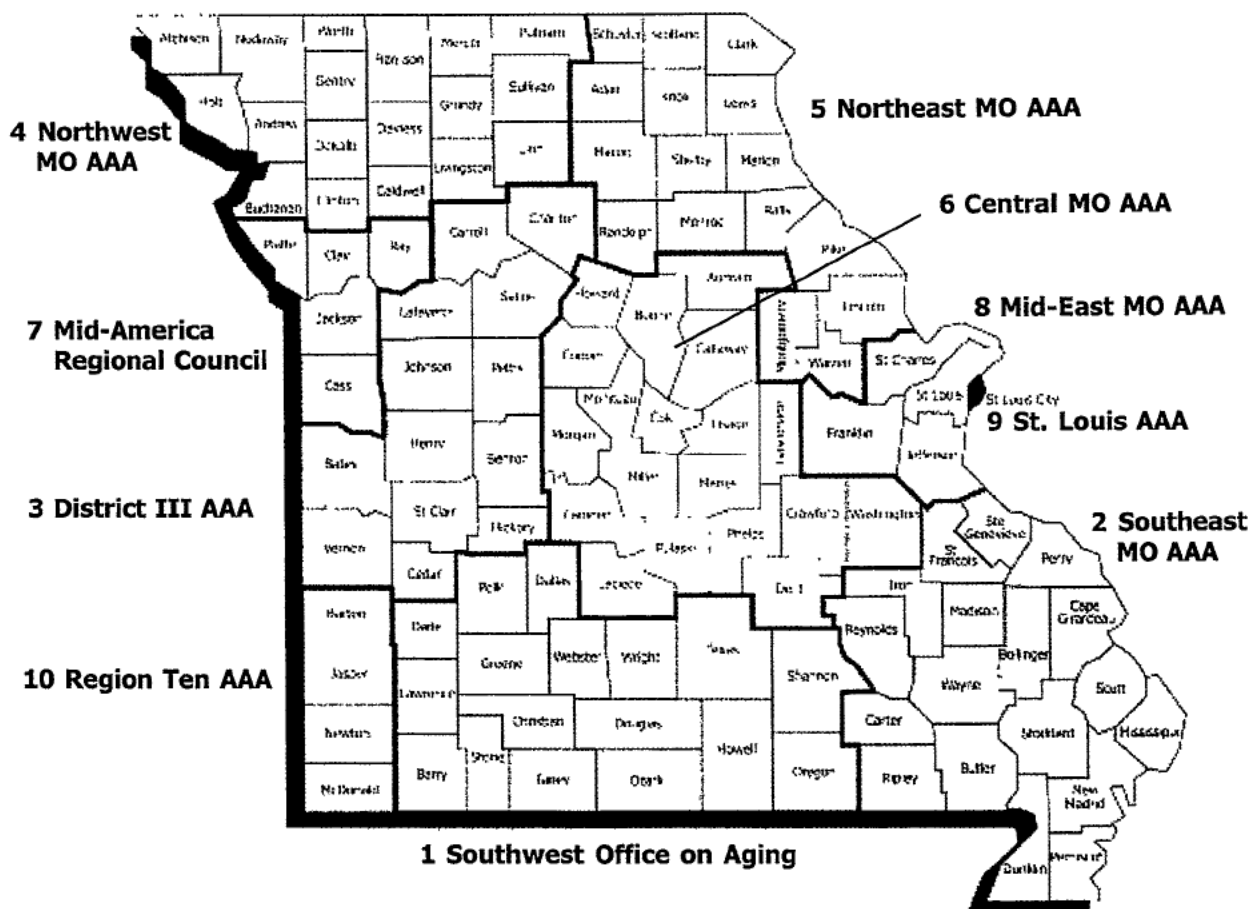
Sampling Regions



- 1 Cass, Clay, Clinton, Jackson, Lafayette, Platte, Ray
- 2 Franklin, Jefferson, Lincoln, St. Louis City, St. Louis County, St. Charles, Warren
- 3 Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Washington
- 4 Barry, Barton, Bates, Benton, Cedar, Christian, Dade, Dallas, Greene, Henry, Hickory, Jasper, Lawrence, McDonald, Newton, Polk, St. Clair, Stone, Taney, Vernon, Webster
- 5 Bollinger, Butler, Cape Girardeau, Carter, Douglas, Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Reynolds, Ripley, Ste. Genevieve, St. Francois, Scott, Shannon, Stoddard, Texas, Wayne, Wright
- 6 Andrew, Atchison, Buchanan, Caldwell, Carroll, Daviess, DeKalb, Gentry, Harrison, Holt, Johnson, Nodaway, Worth
- 7 Adair, Chariton, Clark, Grundy, Knox, Lewis, Linn, Livingston, Macon, Marion, Mercer, Monroe, Pike, Putnam, Ralls, Randolph, Saline, Scotland, Schuyler, Shelby, Sullivan

- Targeted Areas:**
- (a) St. Louis City
 - (b) City of Kansas City
 - (c) Bootheel - counties of Mississippi, New Madrid, Scott, Pemiscot, Dunklin and Stoddard bleeding into Bollinger

Area Agency on Aging Regions



- 1 Barry, Christian, Dade, Dallas, Douglas, Greene, Howell, Lawrence, Oregon, Ozark, Polk, Shannon, Stone, Taney, Texas, Webster, Wright
- 2 Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Perry, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Stoddard, Wayne
- 3 Bates, Benton, Carroll, Cedar, Chariton, Henry, Hickory, Johnson, Lafayette, Pettis, Saline, St. Clair, Vernon
- 4 Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Putnam, Sullivan, Worth
- 5 Adair, Clark, Knox, Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Randolph, Schuyler, Scotland, Shelby, Warren
- 6 Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski, Washington
- 7 Cass, Clay, Jackson, Platte, Ray
- 8 Franklin, Jefferson, St. Charles, St. Louis
- 9 St. Louis City
- 10 Barton, Jasper, McDonald, Newton

Note: See pg. 36 for contact information.

Demographic Characteristics

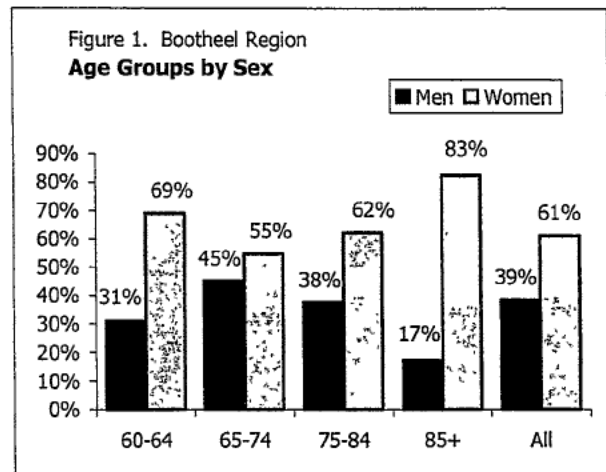
The age of seniors surveyed ranges in years from 60 to 91, with an average of 70 years. The average age is the same for men and women. Women account for almost two-thirds of persons surveyed (Figure 1).

The majority of older adults interviewed are white; 7.5% report themselves as black and 0.1% as another race (Data Tables, pg. 22). For analysis purposes, races other than white will be grouped in the category of Other.

Marital Status, Living Arrangement

Marital status and living arrangement impact older adults' well-being as they are closely linked to income, health status, and the availability of potential caregivers. Consistent with U.S. Census data¹ and national health study data², marital status and living arrangement of Missouri's seniors vary considerably by age, sex and race.

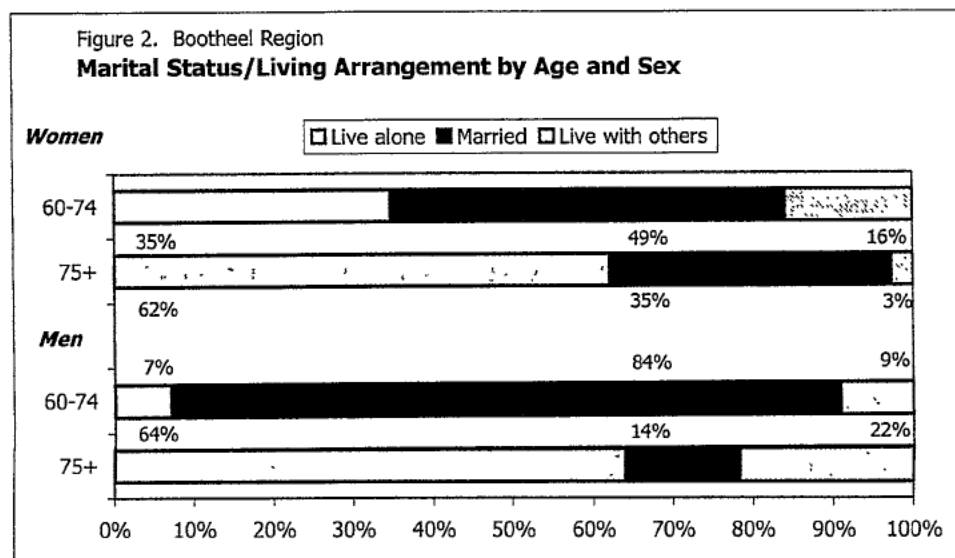
Living arrangement is defined by marital status and the number of people residing in the household. An assumption was made that if the respondent is married and living with another person, that respondent is living with his/her spouse.



For analysis purposes, marital status and living arrangement are combined into the following categories: married and living with others; living alone; living with others.

The number of seniors living alone increases with age. Only 24% of adults aged 60 to 74 live alone; that percentage jumps to 63% for the 75+ age group (Data Table, pg. 22). Men are more likely than women to be married, reflecting the fact that men are often outlived by their wives, marry women younger than themselves and remarry more frequently (Figure 2).

Minority older adults are more likely than white seniors to live with others (Data Tables, pg. 22).



Population

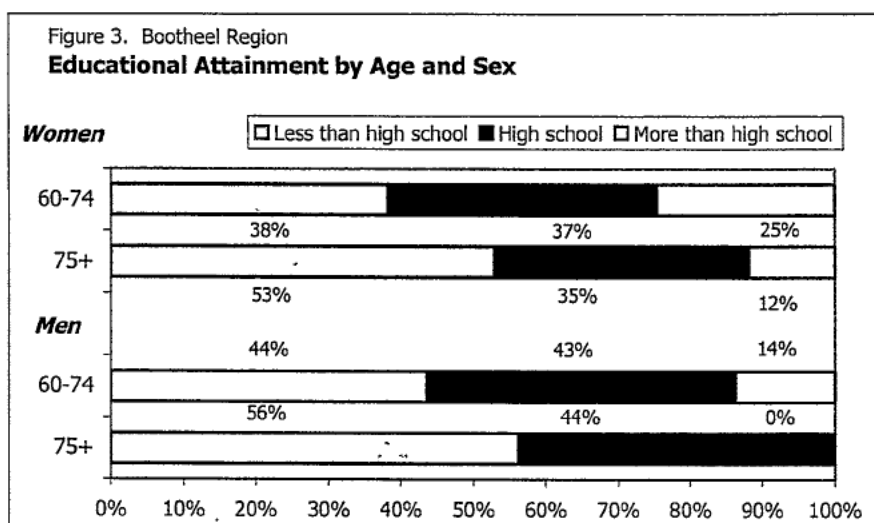
Educational Attainment

Higher levels of education are usually correlated with higher incomes, higher standards of living, and above-average health status among older adults. Thus, education can have an indirect influence on a person's well-being.³

Slightly over half of the seniors surveyed have graduated from high school. Those who have not finished high school are on average older than those who have, 73 versus 71 years old (Data Tables, pg. 23).

There are no significant differences among gender and the level of schooling completed (Figure 3).

White seniors are more likely than minority elders to have finished high school (Data tables, pg. 23). This likely reflects the prevailing attitudes and educational opportunities at the time when they received most of their formal education.

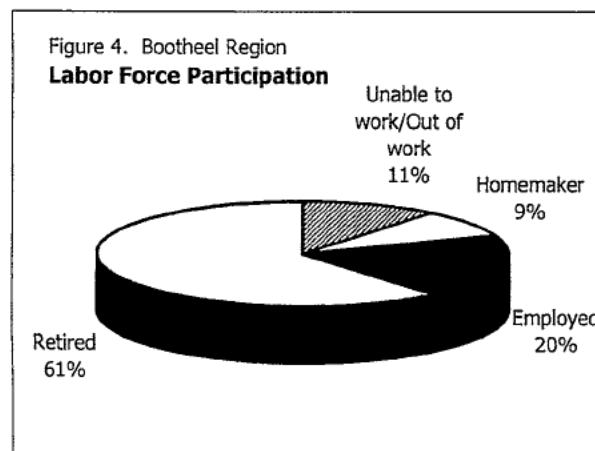


Labor Force Participation

Almost one-third of older adults are retired; 20% are employed (Figure 4). Employed seniors who average 66 years of age are younger than retirees, who average 73 years of age.

Table 1. Bootheel Region
Percent Employed by Age and Sex

	Men	Women	ALL
ALL	25%	16%	20%
60-64	58%	28%	37%
65-74	28%	17%	22%
75-84	0%	9%	5%
85+	0%	0%	0%

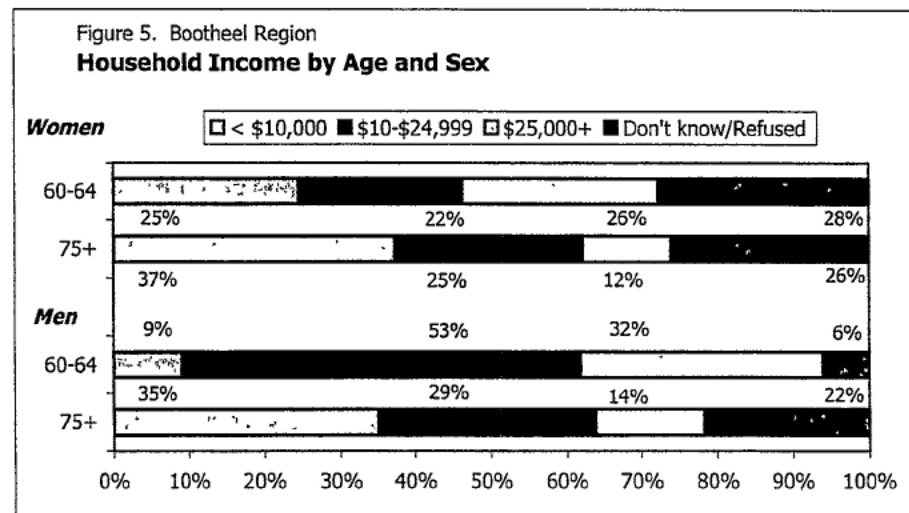


Household Income

An older adult's income has a direct bearing on his or her quality of life. Persons with inadequate income risk lack of food, housing, health care and needed services. Socioeconomic status has been proven to affect a person's health.⁴

Annual household income is less than \$25,000 for 56% of seniors; 6% have incomes of \$50,000 or more (Data Tables pg. 23). Twenty-one percent of respondents either refused to report their income or did not know their income. This is more prevalent among women.

As age increases, household income decreases for both men and women (Figure 5). Seniors reporting incomes under \$10,000 average 74 years of age; those with incomes \$25,000 or greater are on average 67 years old. Younger seniors are more likely to still be in the work force and thus, tend to have higher incomes.



References

¹ Current Population Reports. The Older Population in the United States. U.S. Census Bureau. March 1999.

² National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

³ Federal Interagency Forum on Aging-Related Statistics. Older Americans 2000: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics, Washington, DC: U.S. Government Printing Office. August 2000.

⁴ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vol. 279 Issue 21 06/03/98, 1703-1709.

Health Status

Self-Rated Health

Self-assessed health is one of the simplest but most informative measures of health, summarizing physical, emotional and social aspects of well-being. Research has found self-rated health to highly correlate with mortality, and has demonstrated that older persons who report their health as poor are at increased risk for declines in physical functioning.¹

Over half of seniors, 54%, assess their health as good, very good or excellent while 45% rate their health as fair or poor (Data Tables, pg. 24). Overall, as age increases negative health evaluations increase. Though a higher percentage of males report fair or poor health, the difference is not statistically significant (Figure 6).

National studies^{1,2} and the 1994 Needs Assessment study have found black seniors to be more likely to report worse health. This holds true in this study as minority elders are more likely than white seniors to assess their health as fair or poor (Figure 7).

Differences in health outcomes by socioeconomic position have been recognized as a persisting public health problem. The Americans' Changing Lives (ACL) longitudinal study found that lower levels of education and income are associated with a significantly higher prevalence of health risk behaviors, including smoking, being overweight and physical inactivity.³

Figure 6. Bootheel Region
Percent Who Report Fair or Poor Health
by Age and Sex

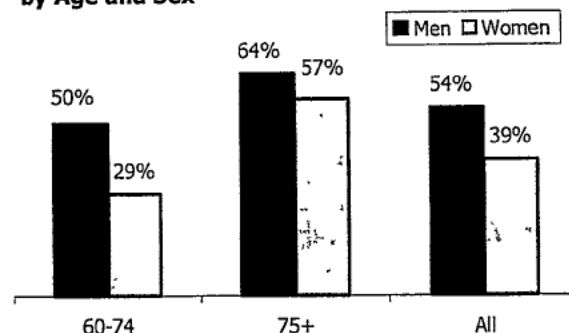
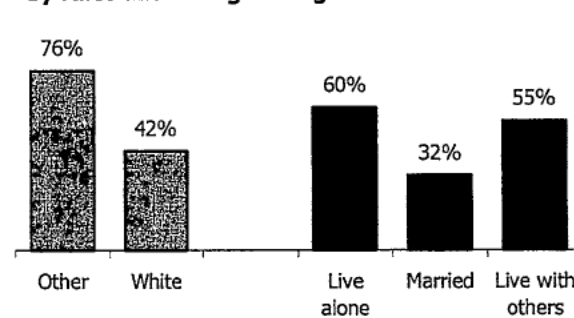
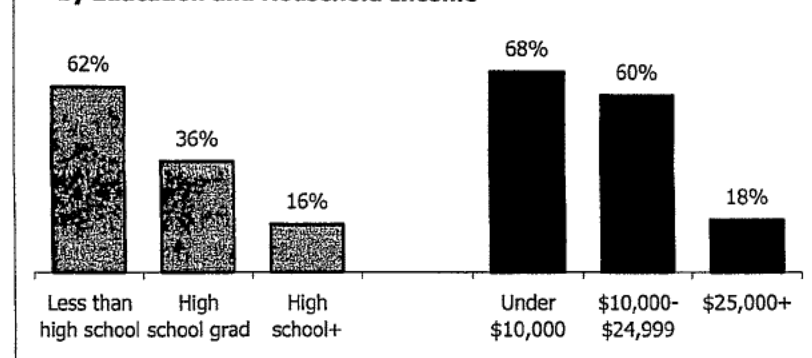


Figure 7. Bootheel Region
Percent Who Report Fair or Poor Health
by Race and Living Arrangement



Seniors' perception of their health also differs significantly in this study by the socioeconomic indicators of educational attainment and household income. The more education received and the higher the reported income, the higher the health rating.

Figure 8. Bootheel Region
Percent Who Report Fair or Poor Health
by Education and Household Income



Over two-thirds of older adults with incomes under \$10,000 report fair or poor health. In contrast, only 16% of those with incomes \$25,000 or more evaluate their health as fair or poor (Figure 8).

Health Limitations

Chronic diseases such as arthritis affect the quality of life and contribute to disability and the inability to live independently. One-third of seniors are limited in activities because of an impairment or health problem. Heart problems (6%), arthritis (5%), a walking problem (4%), and lung/breathing problems (4%) are the major afflictions reported as limiting activities (Data Tables, pg. 24).

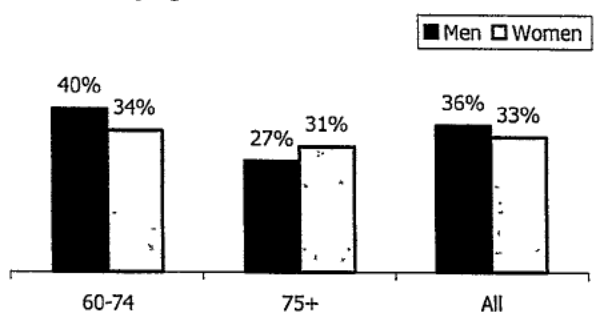
There is no significant difference among the percentage of men and women reporting that their health limits their activities (Figure 9).

As expected, those rating their health as fair or poor are more likely to indicate their activities are limited because of a health problem than those with a good to excellent self-health rating (Data Tables, pg. 24).

Twenty percent report having trouble learning, remembering or concentrating because of an impairment or health problem (Data Tables, pg. 24).

Survey participants were asked a variety of questions regarding how many days in the past 30 days they felt healthy, and how many days they were affected by poor physical health, poor mental health, and sleep deprivation. (Table 2; Data Tables, pg. 25)

Figure 9. Bootheel Region
Percent Who Are Limited by a Health Problem by Age and Sex



Days of Good Health

Almost two-thirds of seniors have felt very healthy and full of energy at least one day in the past 30 days. Those reporting at least one day of good health average 24 good days.

Days of Poor Health

Over one-third of seniors have had one or more days in the past 30 where their physical health was not good, averaging 20.5 poor days. Pain made it hard for almost one-fourth of older adults to do their usual activities at least one day in the past month. On average, those with pain had 20 days where pain inhibited their daily activities.

Table 2. Bootheel Region
Percent Who Report At Least 1 Day in the Past 30 Days

	Percent	Estimated Persons	Average # of Days
Felt very healthy & full of energy	65%	19,767	24.2
Physical health was not good	42%	12,894	20.5
Pain made it hard to do activities	20%	5,991	20.3
Mental health was not good	17%	5,048	16.4
Felt sad, blue, depressed	30%	9,062	11.0
Felt worried, tense, anxious	30%	9,062	11.3
Did not get enough rest/sleep	36%	11,069	10.6
Poor health kept you from activities	29%	8,788	18.8

Poor mental health days have been experienced by 17% of older adults, who average 16 poor days. Almost one-third have had at least one day where they felt sad, blue or depressed and average 11 such days; 30% have felt worried, tense or anxious and average 11 days; 36% did not get enough sleep, averaging 11 sleepless days.

Poor physical or mental health has kept an estimated 8,788 elders from doing their usual activities; these individuals average 19 days of poor overall health.

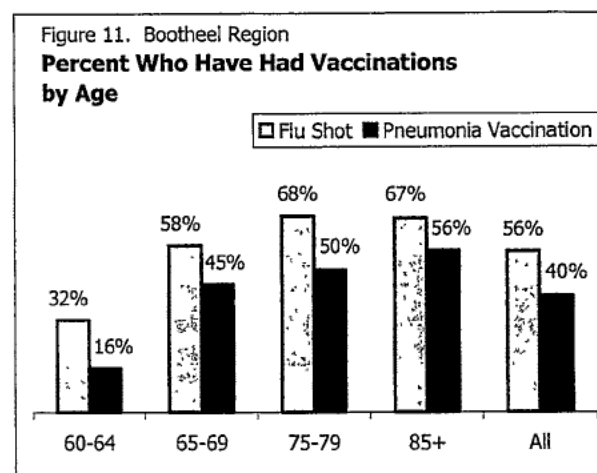
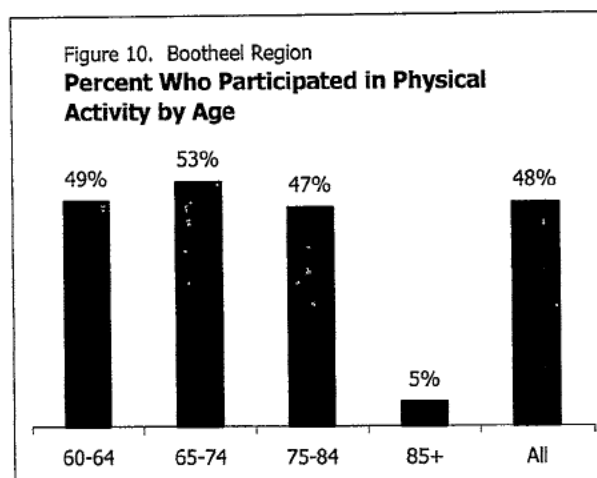
Health Status

Health Habits

Research has shown that physical activity has many health benefits: reducing the risk of certain chronic diseases, relieving symptoms of depression, helping to maintain independent living, and enhancing the overall quality of life. Almost half of older adults have participated in physical activities or exercised in the past month (Figure 10). Participation drops off dramatically for those age 85 and older.

The most popular activity seniors participate in is walking. For those who do exercise, they do so several times a week (Data Tables, pg. 26).

Older adults are at a higher risk of contracting and suffering from consequences of the flu or pneumonia. An annual flu shot and a pneumonia vaccination are recommended for adults age 65 and older. Fifty-six percent have had a flu shot in the past year, with the majority receiving their shot at a doctor's office or health department (Data Tables, pg. 26). Over one-third of seniors have had a pneumonia vaccination. The likelihood of having had either shot increases with age (Figure 11).



References

¹ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

² A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services

³ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vol. 279 Issue 21 06/03/98, 1703-1709.

The functional ability of an older person declines with age. Functional limitation and whether a person receives assistance serve as key indicators of an older person's ability to live independently in the community and have implications for service delivery, quality of life, and life expectancy. Functional status is commonly defined in terms of the ability to perform certain tasks of daily living. Researchers group these tasks into two categories: essential activities of daily living (ADL) and the more complex instrumental activities of daily living (IADL). The ADLs included in this survey are eating, bathing, dressing, toileting, getting in/out of bed, walking, getting around the house, and getting outside. IADLs include light housework, heavy housework, using the telephone, shopping, preparing meals, taking medication and managing money.

For each ADL and IADL, respondents were asked how much difficulty they had performing each task, who helped them if they had difficulty and if it was enough help. Respondents are considered to have difficulty with an ADL or IADL if they report needing some help or unable to do without help. Consistent with other studies, those who report they do not do an ADL are counted as having difficulty.¹ Because ADLs are fundamental to the existence of the person, it is likely the respondent who "does not do" a specific activity is limited. The percentage of those reporting "doesn't do for other reason" is less than one percent for any given ADL. Unlike ADLs, IADLs are not necessities of life and may not be done for reasons other than disability. Thus, those who report they do not do a specific IADL are not counted as limited.

ADL and IADL Difficulties

Over 40% of older adults need some help performing either ADLs or IADLs (Figure 12). Mobility is the most prevalent ADL difficulty with 13% having trouble walking, getting around the house, and/or getting outdoors; 9% have difficulty with personal care activities (Figure 13). Overall, 18% have ADL difficulties.

Figure 12. Bootheel Region
Functional Limitations

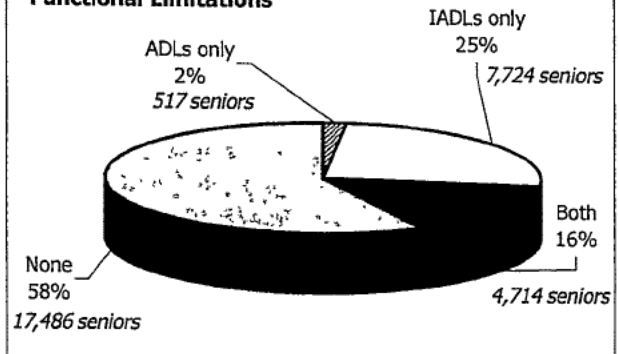
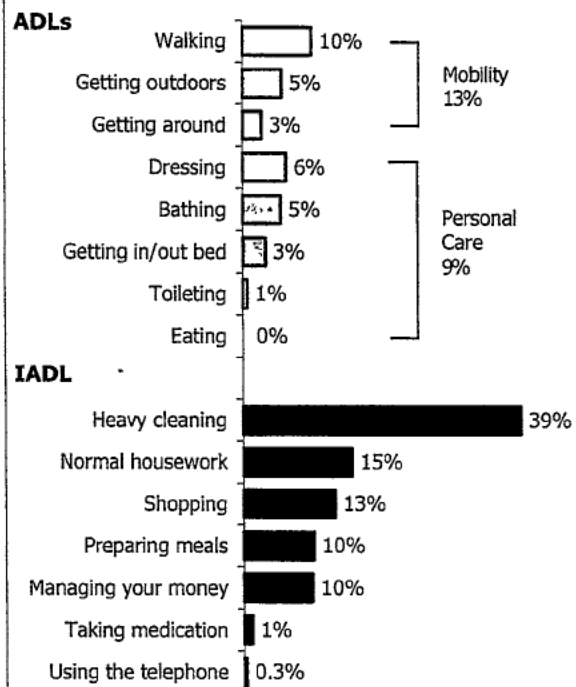


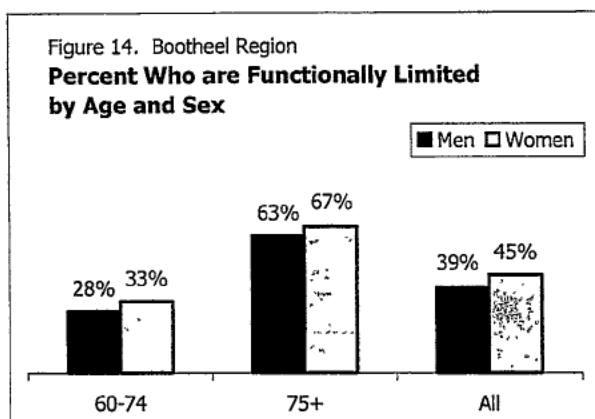
Figure 13. Bootheel Region
Percent with ADL and IADL Difficulties



More seniors need help with IADLs than with ADLs, 41% vs. 18% respectively. Help is most often required with cleaning and shopping (Figure 13).

As age increases, functional limitations increase for both men and women (Figure 14).

Functional Status



Assistance with Functional Limitations and Unmet Needs

Some seniors are able to overcome their difficulties in performing daily activities through the use of assistive devices; many others require personal assistance. The majority of elders are receiving the necessary assistance and in most cases, it is enough help (Data Tables, pgs. 27-28).

For most, assistance comes from family. Professional help is used more for normal housework and heavy cleaning. Other help, usually in the form of assistive devices such as a walker or cane, is more often used with walking, getting around the house or getting outdoors (Data Tables, pgs. 27-28).

While help is available for most seniors who need it, there are still thousands who are going unaided. These adults may be at risk for institutionalization if the need for assistance goes unmet. Unmet need has been determined for each ADL and IADL where an individual has no one to help when help is needed, or if the help they get is enough help only some of the time, seldom or never.

Overall, 14% of elders are in need of help or need more help with their everyday activities (Figure 15). Six percent need more help with one or more ADLs, with the majority of elders requiring assistance with walking. Twelve percent of older adults could use additional help with at least one IADL, which is most likely to be heavy cleaning (Data Tables, pg. 27-28).

As with ADL and IADL difficulties, unmet need for assistance increases with age (Figure 16). The difference between the sexes for needed assistance is not significant.

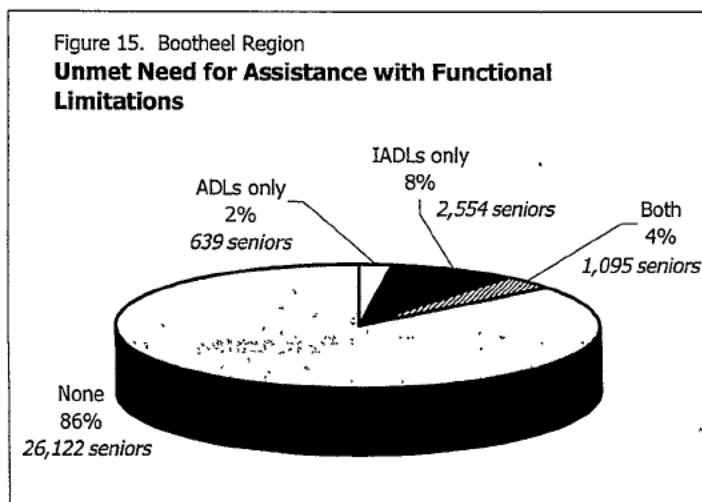
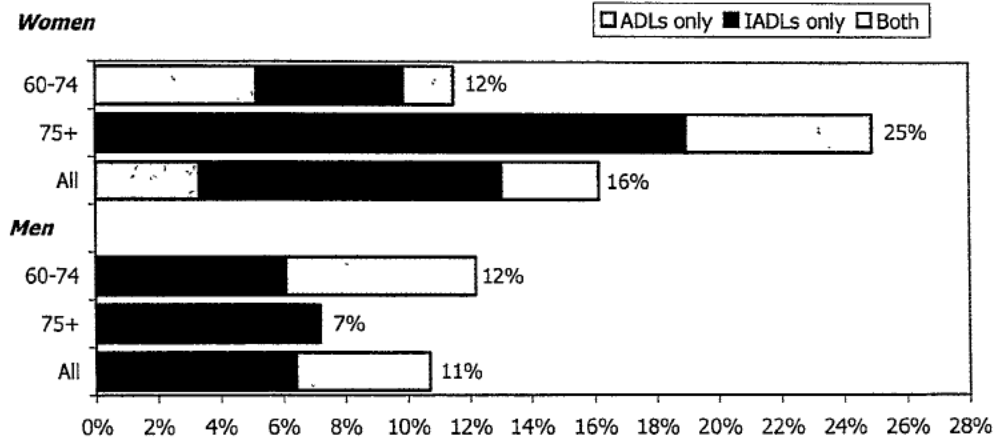


Figure 16. Bootheel Region

**Percent of Unmet Need for Assistance with Functional Limitations
by Age and Sex**



References

¹Health Data on Older Americans: United States, 1992.
National Center for Health Statistics. Vital and Health
Statistics 3(27), January 1993.

Service Awareness and Use

Where To Go For Help

Most seniors will talk with their family members when they need someone to help with their personal care and their day-to-day activities (Table 3). A large number do not know who they would talk to if they needed help: an estimated 4,900 don't know with whom they would speak for personal care assistance or who to talk to about getting help with day-to-day activities (Data Tables, pg. 28).

Over one-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services (Figure 17).

Regarding agencies to contact to find out about aging services in the community, awareness is highest for the Division of Senior Services. One-third of seniors do not know which agency to contact for services (Figure 18).

Overall, 6%, or an estimated 1,750 older adults, indicate they have no one to talk to about getting help with personal assistance or day-to-day activities, and do not know what agency to speak with about aging services.

Table 3. Bootheel Region

Who Would You Talk to for Help

	With Personal Care	With Day-to-Day Activities
Family	46%	49%
Doctor	11%	7%
Social service agency	15%	10%
Other	12%	18%
Don't know	16%	16%

Figure 17. Bootheel Region

Aware of the Toll-Free Information and Referral Number

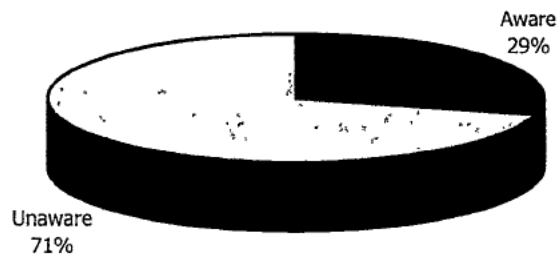
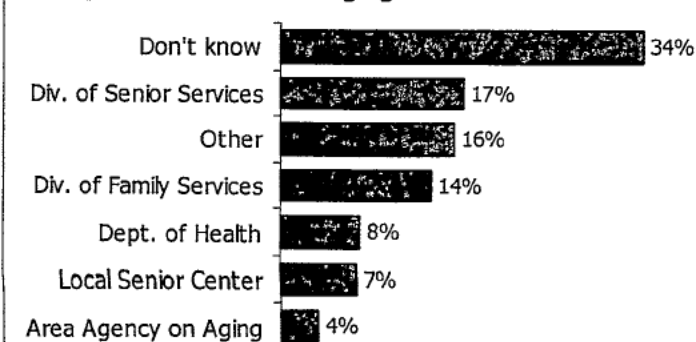


Figure 18. Bootheel Region

Agency To Contact About Aging Services



Service Awareness and Use

Home-Delivered Meals

The majority of older adults are aware of the availability of home-delivered meals or Meals on Wheels in their community (Table 4).

Table 4. Bootheel Region
Home-Delivered Meals

	Percent	Persons
Aware	81%	24,602
Receiving	16%	4,805
Unmet Need	0.6%	182

Sixteen percent of seniors report having meals delivered to their homes (Table 4). This would include home delivered meals through local senior centers and other community based meals on wheels programs. Less than one percent feel the service does not provide them with enough meals (Data Tables, pg. 30).

The vast majority of seniors, 97%, have not been concerned about having enough food for themselves and their families in the past 30 days (Data Tables, pg. 29).

Senior Center

Awareness is also high for senior centers, where older adults can eat meals and participate in social activities (Table 5). Over one-fourth of seniors report visiting a senior center.

Table 5. Bootheel Region
Senior Center

	Percent	Persons
Aware	84%	25,484
Go To	27%	8,089

Men are more likely than women to attend a senior center (Data Tables, pg. 30). Reasons for not going to a senior center include the unavailability of one in their community, not interested in the offered services, and it's inconvenient (Data Tables, pg. 30).

Assistance Filling Out Forms

Assistance filling out Medicare, insurance or other forms is thought to be available in the community by over half of seniors (Table 6).

Not everyone was asked if they currently need help filling out forms due to a survey programming error. *Thus, the data presented here is based on only those seniors asked so need and receipt of assistance of this service may be underestimated.*

One-fourth of older adults say they receive help filling out their forms; no one reports an unmet need for such a service (Table 6).

Table 6. Bootheel Region
Assistance Filling Out Forms

	Percent	Persons
Available	61%	18,459
Receiving	26%	4,805
Unmet Need	0%	0

Service Awareness and Use

Transportation

Lack of transportation is a problem for 9% of seniors when they want to go someplace (Data Tables, pg. 31). Those living alone compared to married seniors, and those with incomes below \$10,000 compared to those with incomes \$25,000+ are more likely to report lack of transportation is a problem (Data Tables, pg. 32).

Thirteen percent of older adults report a public transportation system is available where they can walk to a bus stop (Table 7). Four percent need to use public transportation when they want to go someplace, and it meets all their transportation needs.

Table 7. Bootheel Region
Public Transportation

	Percent	Persons
Available	13%	3,862
Need to Use	4%	1,247
Doesn't meet my needs	0%	0

Transportation Service

	Percent	Persons
Available	75%	22,808
Use	8%	2,554
Doesn't meet my needs	4%	1,156

Three-fourths of seniors are aware of the availability of a transportation service where you can call in advance. Eight percent report using use this service (Table 7). Four percent say it doesn't meet all their transportation needs.

Daily Check

The majority of seniors, 92%, feel they do not need a daily check by someone to be sure they are okay. Six percent of older adults are receiving such a check and another 2% believe they need it but are not getting it (Table 8).

Table 8. Bootheel Region
Daily Check

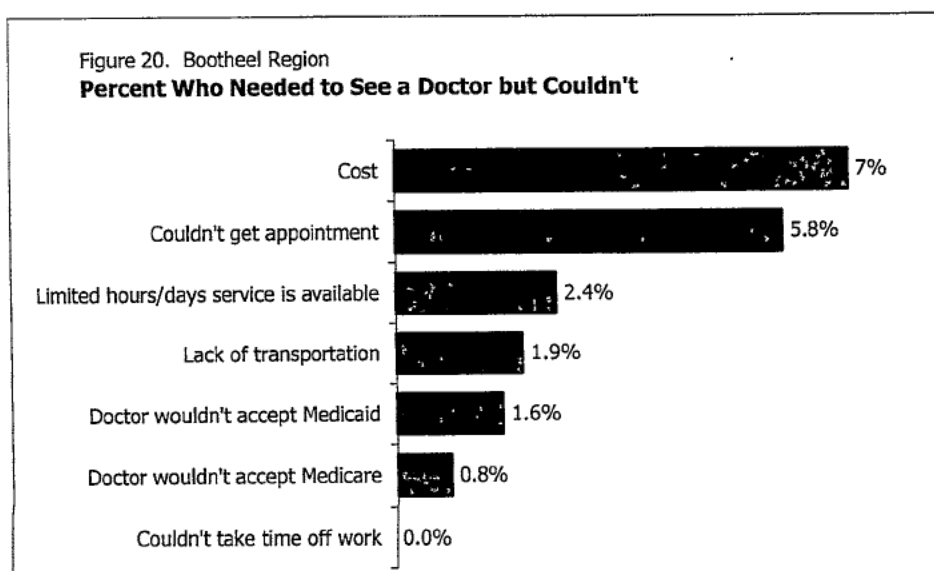
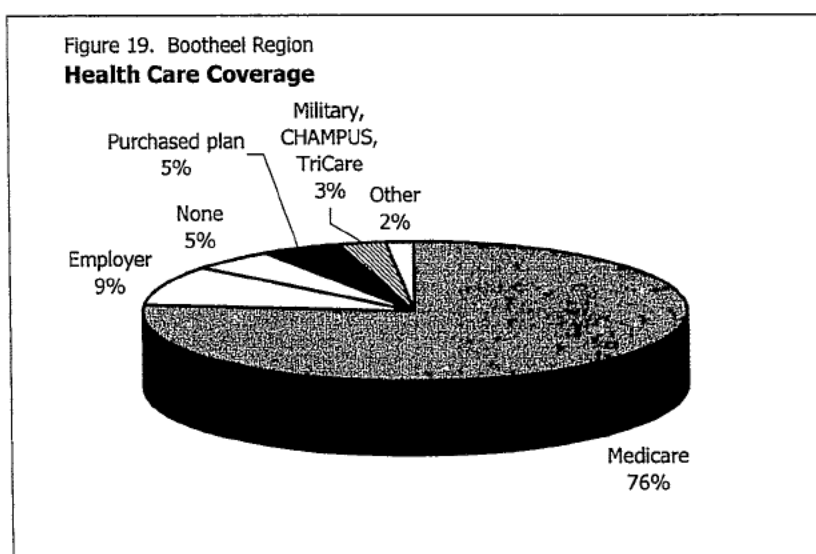
	Percent	Persons
Receive	6%	1,794
Unmet Need	2%	517

Health Care Coverage

For those age 65 and older, Medicare is the most common health care coverage. The youngest old are most likely to be covered through an employer or by another source (Data Table, pg. 33). Five percent, an estimated 1,520 seniors, report having no health insurance.

Inability to See a Doctor

Survey participants were asked if there was a time in the past 12 months when they needed to see a doctor but could not for various reasons. Cost and inability to get an appointment are the most popular reasons for not being able to see a doctor when necessary (Figure 20).



Social Support

Social Activity

Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. The majority of seniors, 97%, talk on the telephone at least weekly (Figure 21). Face-to-face interactions occur less frequently but still a majority, 77%, manage to visit someone outside their home at least once a week (Figure 22).

Figure 21. Bootheel Region
Talk on the Telephone

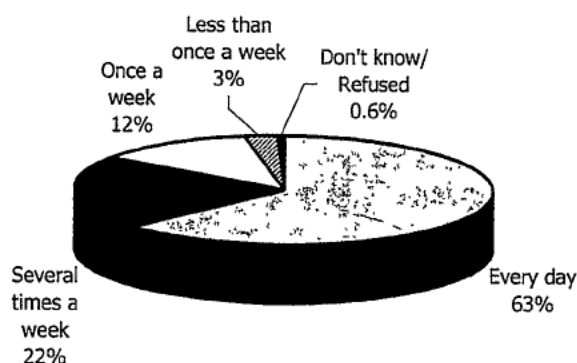
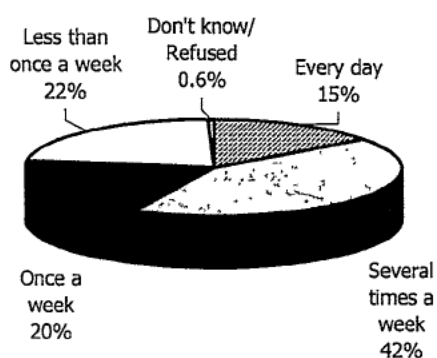


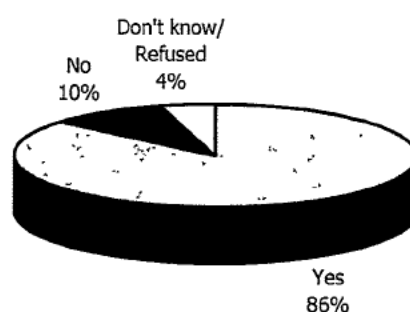
Figure 22. Bootheel Region
Visit Someone



Caregiving

Ten percent of older adults, an estimated 2,920 persons, report having no one who would care for them if they became sick or disabled (Figure 23). Lower income individuals and those living alone are more likely to not have a possible caregiver (Data Tables, pg. 34).

Figure 23. Bootheel Region
Have a Potential Caregiver



Traditionally, families have cared for older adults. Smaller family sizes, geographic mobility, increased number of women in the workforce and the increased longevity of older adults have been affecting the network of potential caregivers.¹ Family caregivers are an essential part of the health care economy. The estimated value of informal caregiving is an estimated \$196 billion.² With the shrinking number of potential caregivers, increases are likely in in-home care expenses as well as the institutionalization rate and subsequent nursing home care expenses.

For those who would have a caregiver, around 56% say the person would be able to care for them as long as needed. This person is most likely to be a child or spouse (Data Tables, pg. 34).

If seniors needed help at home, more would prefer an in-home service agency send a trained helper rather than finding a helper themselves; one-fourth do not know which option they prefer (Figure 24).

Discrimination

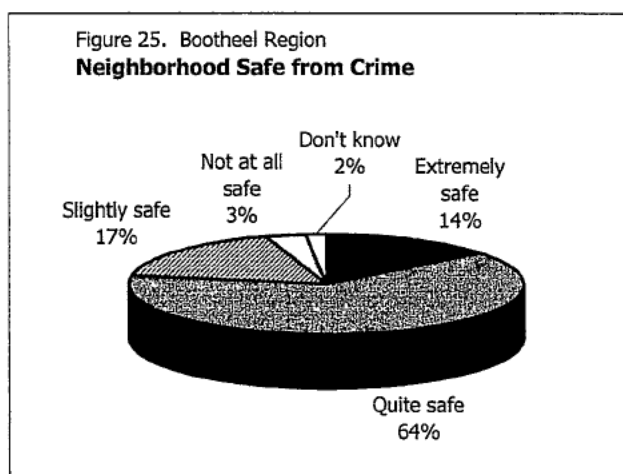
The majority of older adults have not been discriminated against in the past year because of their age (92%) or their race (92%). Of those who experienced racial or ethnic discrimination, less than one-third report it prevented them from receiving needed services (Data Tables, pg. 35). A total of 4.8% of respondents didn't know or refused to answer if they had experienced racial or ethnic discrimination.

Abuse & Neglect

Five percent of seniors are aware of older adults in their community who have been abused or neglected (Data Tables, pg. 35). Over 40% of seniors are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

Housing & Neighborhood Safety

Over three-fourths of older adults own their home, 87% live in a house, and almost 95% have lived at their current residence for at least two years. Only two percent are considering moving within the next year where they can get more help (Data Tables, pg. 35). The majority of seniors, 78%, consider their neighborhoods to be extremely or quite safe from crime (Figure 25).



References

¹ Internet Information Note: Caregiving for the Elderly - National Aging Information Center; www.aoa.gov/naic/Notes/caregivingforelderly.html.

² Family Caregiver Alliance Fact Sheet: Selected Caregiver Statistics; www.caregiver.org/factsheets/caregiver_statsC.html.

Data Tables

Note: Population estimates are determined by applying the sample percentages to the age 60 and older population, excluding the age 65+, institutionalized population. Because the estimates are based on rounded sample percentages, they may not add to the total population.

Population of the Sample

Bootheel Region	Percent
	100.0%
Age	
60-64	21.0%
65-69	25.4%
70-74	20.5%
75-79	20.3%
80-84	8.0%
85+	4.8%
Sex	
Male	38.6%
Female	61.4%
Race	
White	92.4%
Black	7.5%
Other	0.1%
Hispanic	
Yes	2.5%
No	97.2%
Don't know/Refused	0.3%
Marital Status	
Married	52.5%
Widowed	36.5%
Divorced	9.0%
Never been married	2.0%
Household Size	
One	36.5%
Two	52.7%
Three	6.7%
Four or more	4.1%
Living Arrangement	
Live alone	36.5%
Live with spouse	44.6%
Live with spouse/others	7.1%
Live with others	11.8%
Marital Status/ Living Arrangement	
Live alone	36.5%
Married, live with spouse	51.7%
Live with others	11.8%

Percent of Race by Age

Bootheel Region	White	Other
ALL	92.4%	7.6%
Age		
60-64	85.1%	14.9%
65-74	93.6%	6.4%
75-84	95.6%	4.4%
85+	93.9%	6.1%
60-74	90.9%	8.9%
75+	95.3%	4.7%
Average Age	71.3	68.5

Percent of Marital Status/Living Arrangement by Age Groups, Sex and Race

Bootheel Region	Live alone	Married	Live with others
ALL	36.5%	51.7%	11.8%
Age			
60-64	21.5%	68.7%	9.8%
65-74	24.4%	61.0%	14.6%
75-84	56.3%	32.8%	10.8%
85+	100.0%	0.0%	0.0%
60-74	23.5%	63.4%	13.1%
75+	62.7%	28.1%	9.3%
Average Age	75.2	68.5	69.6
Sex			
Male	24.0%	63.2%	12.8%
Female	44.3%	44.5%	11.2%
Race			
White	36.6%	53.8%	9.6%
Other	35.3%	26.1%	38.6%

Population of the Sample

Bootheel Region	Percent
	100.0%
Education	
No school	0.9%
Grades 1 through 8	27.6%
Grades 9 through 11	16.4%
Grade 12 or GED	39.0%
College 1-3 years	7.4%
College degree or more	8.7%
Refused	0.1%
Employment Status	
Retired	61.2%
Employed for wages	15.7%
Homemaker	8.7%
Self-employed	3.8%
Unable to work	10.0%
Out of work	0.6%
Household Income	
Less than \$10,000	24.3%
\$10,000-\$14,999	17.0%
\$15,000-\$19,999	6.8%
\$20,000-\$24,999	7.9%
\$25,000-\$34,999	11.4%
\$35,000-\$49,999	5.8%
\$50,000-\$74,999	3.6%
\$75,000 or more	2.5%
Don't know	8.7%
Refused	12.0%

Percent of Educational Attainment by Age Groups, Sex and Race

Bootheel Region	Less than High School	High School	More than High School
ALL	44.9%	39.0%	16.1%
Age			
60-74	40.4%	39.4%	20.2%
75+	54.1%	38.2%	7.7%
Average Age	72.7	70.6	67.6
Sex			
Male	47.4%	43.0%	9.7%
Female	43.4%	36.5%	20.1%
Race			
White	42.0%	41.5%	16.4%
Other	79.5%	7.6%	11.4%

Percent of Household Income by Age Groups, Sex and Race

Bootheel Region	Less than \$10,000	\$10,000-\$24,999	\$25,000+	Don't know/Refused
ALL	24.3%	31.7%	23.2%	20.8%
Age				
60-74	18.2%	34.4%	28.5%	18.9%
75+	36.5%	26.3%	12.7%	24.5%
Average Age	73.8	71.9	67.1	71.0
Sex				
Male	16.8%	45.7%	26.8%	10.7%
Female	29.0%	22.9%	21.0%	27.1%
Race				
White	22.6%	31.6%	25.2%	20.6%
Other	44.3%	33.5%	0.0%	22.2%
Living Arrangement				
Live alone	50.7%	21.0%	9.8%	18.5%
Married	6.3%	33.1%	36.8%	23.8%
Live with others	21.8%	58.3%	5.4%	14.6%

Data Tables

Health Status

Bootheel Region	Percent	Persons
	100.0%	30,410
Self-rated health (Q1)		
Excellent	7.6%	2,311
Very Good	23.2%	7,055
Good	22.8%	6,933
Fair	26.8%	8,150
Poor	17.9%	5,443
Don't know/Refused	1.7%	517
Excellent, Very Good, Good	53.6%	16,300
Fair, Poor	44.7%	13,593
Limited in activities because of any impairment/health problem (Q94)		
Yes	34.1%	10,370
No	65.6%	19,949
Don't know/Refused	0.3%	91
Major impairment/health problem (Q95)		
Heart problem	6.3%	1,916
Arthritis/Rheumatism	5.1%	1,551
Walking problem	3.7%	1,125
Lung/breathing problem	3.6%	1,095
Back/neck problem	2.8%	851
Diabetes	1.7%	517
Eye/vision problem	1.5%	456
Fractures, bone/joint injury	1.5%	456
Other impairment/problem	7.9%	2,402
Have no impairment	65.9%	20,040
Have trouble learning, remembering, concentrating (Q96)		
Yes	19.9%	6,052
No	80.1%	24,358

Percent of Health Limitations by Selected Demographics

Bootheel Region	Limited	Not Limited
ALL	34.1%	65.9%
Age		
60-74	36.5%	63.5%
75+	29.2%	70.8%
Average Age	71.6	71.6
Sex		
Male	35.8%	64.2%
Female	33.0%	67.0%
Race		
White	32.2%	67.8%
Other	56.4%	43.6%
Living Arrangement		
Live alone	39.9%	60.1%
Married	31.5%	68.5%
Live with others	27.3%	72.7%
Education		
< High School	44.1%	55.9%
High School	29.0%	71.0%
> High School	18.5%	81.5%
Income		
< \$10,000	47.0%	53.0%
\$10-\$24,999	34.6%	65.4%
\$25,000+	30.9%	69.1%
Don't know/Refused	21.7%	78.3%
Self-Rated Health		
Excellent	16.7%	83.3%
Very Good	10.7%	89.3%
Good	24.6%	75.4%
Fair	40.9%	59.1%
Poor	67.5%	32.5%

Health Status

Bootheel Region	Percent	Persons	Bootheel Region	Percent	Persons
	100.0%	30,410		100.0%	30,410
Days of poor physical health (Q2)			Days felt sad, blue or depressed (Q98)		
None	51.5%	15,661	None	67.4%	20,496
1-7 days/1 week	9.9%	3,011	1-7 days/1 week	17.1%	5,200
8-14 days/2 weeks	2.7%	821	8-14 days/2 weeks	1.2%	365
15-21 days/3 weeks	6.8%	2,068	15-21 days/3 weeks	5.1%	1,551
22-29 days/4 weeks	1.3%	395	22-29 days/4 weeks	1.7%	517
30 days/All month	21.8%	6,629	30 days/All month	4.0%	1,216
Don't know/Refused	6.0%	1,825	Don't know/Refused	2.8%	851
Days of poor mental health (Q3)			Days felt worried, tense or anxious (Q99)		
None	77.7%	23,629	None	63.9%	19,432
1-7 days/1 week	5.8%	1,764	1-7 days/1 week	16.6%	5,048
8-14 days/2 weeks	1.0%	304	8-14 days/2 weeks	1.8%	547
15-21 days/3 weeks	4.1%	1,247	15-21 days/3 weeks	5.6%	1,703
22-29 days/4 weeks	0.2%	61	22-29 days/4 weeks	0.8%	243
30 days/All month	5.5%	1,673	30 days/All month	4.9%	1,490
Don't know/Refused	5.7%	1,733	Don't know/Refused	6.3%	1,916
Days poor physical/mental health limited activities (Q4)			Days did not get enough rest or sleep (Q100)		
None	69.9%	21,257	None	57.9%	17,607
1-7 days/1 week	15.4%	4,683	1-7 days/1 week	21.4%	6,508
8-14 days/2 weeks	1.4%	426	8-14 days/2 weeks	1.8%	547
15-21 days/3 weeks	11.8%	3,588	15-21 days/3 weeks	6.8%	2,068
22-29 days/4 weeks	2.3%	699	22-29 days/4 weeks	1.2%	365
30 days/All month	22.6%	6,873	30 days/All month	5.0%	1,521
Don't know/Refused	2.1%	639	Don't know/Refused	5.8%	1,764
Days where pain made it hard to do activities (Q97)			Days felt very healthy & full of energy (Q101)		
None	77.2%	23,477	None	27.2%	8,272
1-7 days/1 week	4.7%	1,429	1-7 days/1 week	5.8%	1,764
8-14 days/2 weeks	1.2%	365	8-14 days/2 weeks	3.6%	1,095
15-21 days/3 weeks	4.2%	1,277	15-21 days/3 weeks	8.0%	2,433
22-29 days/4 weeks	0.0%	0	22-29 days/4 weeks	11.7%	3,558
30 days/All month	9.6%	2,919	30 days/All month	35.9%	10,917
Don't know/Refused	3.1%	943	Don't know/Refused	7.8%	2,372

Data Tables

Health Status

Bootheel Region	Percent	Persons
	100.0%	30,410
Participate in physical activities/exercise (Q123)		
Yes	48.0%	14,597
No	52.0%	15,813
Type of physical activity/exercise (Q124)		
Walking	33.2%	10,096
Home/Health Club exercise	4.0%	1,216
Swimming laps	2.3%	699
Golf	1.7%	517
Other	6.8%	2,068
None	52.0%	15,813
Distance usually walk/run (Q125)		
Do not walk/run/jog	64.5%	19,614
Less than 1 mile	11.4%	3,467
1 mile	5.3%	1,612
1.1-1.5 miles	6.3%	1,916
1.6-2.0 miles	5.2%	1,581
2.1-3.0 miles	4.2%	1,277
Don't know/Refused	64.5%	19,614
Frequency of physical activity/exercise (Q126)		
Do not participate	52.0%	15,813
Every day	6.9%	2,098
1-3 times a week	14.5%	4,409
4-6 times a week	22.5%	6,842
1-4 times a month	1.3%	395
Don't know/Refused	2.9%	882

Bootheel Region	Percent	Persons
	100.0%	30,410
Duration of physical activity (Q127)		
Do not participate	52.0%	15,813
20 minutes or less	10.6%	3,223
21-30 minutes	20.4%	6,204
31-60 minutes	9.7%	2,950
1-2 hours	0.4%	122
More than 2 hours	2.9%	882
Don't know/Refused	4.1%	1,247
Flu shot in past year (Q91)		
Yes	55.9%	16,999
No	44.1%	13,411
Where received flu shot (Q92)		
A doctor's office or HMO	26.5%	8,059
A health department	18.5%	5,626
Another type of clinic	2.9%	882
Senior, rec/community center	2.9%	882
A store	1.5%	456
Workplace	1.2%	365
Hospital/emergency room	0.8%	243
Other	1.5%	456
Did not get a flu shot	44.1%	13,411
Had pneumonia vaccination (Q93)		
Yes	40.4%	12,286
No	59.6%	18,124

Functional Status: Activities of Daily Living

(Q5-Q33, Q46-Q49)								
	<i>EATING</i>		<i>BATHING</i>		<i>DRESSING/ GROOMING</i>		<i>TOILETING</i>	
<i>Bootheel Region</i>	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	30,410	100.0%	30,410	100.0%	30,410	100.0%	30,410
Need help to do								
Without help	100.0%	30,410	94.7%	28,798	94.0%	28,585	99.4%	30,228
With help	0.0%	0	5.3%	1,612	6.0%	1,825	0.6%	182
Who helps								
No one	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Professional	0.0%	0	1.7%	517	0.0%	0	0.0%	0
Spouse	0.0%	0	0.8%	243	4.1%	1,247	0.0%	0
Other family member	0.0%	0	1.3%	395	0.6%	182	0.0%	0
Non-relative	0.0%	0	1.6%	487	1.3%	395	0.0%	0
Other	0.0%	0	0.0%	0	0.0%	0	0.6%	182
Do not need help	100.0%	30,410	94.7%	28,798	94.0%	28,585	99.4%	30,228
Enough help								
All/Most of the time	0.0%	0	2.4%	730	5.4%	1,642	0.6%	182
Some of the time/Seldom	0.0%	0	2.9%	882	0.6%	182	0.0%	0
Never	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Have no help	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Do not need help	100.0%	30,410	94.7%	28,798	94.0%	28,585	99.4%	30,228

	<i>GETTING IN/OUT OF BED</i>		<i>WALKING</i>		<i>GETTING AROUND HOUSE</i>		<i>GETTING OUTDOORS</i>	
<i>Bootheel Region</i>	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	30,410	100.0%	30,410	100.0%	30,410	100.0%	30,410
Need help to do								
Without help	96.9%	29,467	90.4%	27,491	97.4%	29,619	94.6%	28,768
With help	3.1%	943	9.6%	2,919	2.6%	791	5.4%	1,642
Who helps								
No one	0.6%	182	0.9%	274	0.0%	0	1.7%	517
Professional	0.6%	182	0.0%	0	0.0%	0	0.6%	182
Spouse	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Other family member	0.6%	182	0.0%	0	0.0%	0	0.0%	0
Non-relative	1.3%	395	0.0%	0	0.0%	0	0.0%	0
Other	0.0%	0	8.7%	2,646	2.6%	791	3.1%	943
Do not need help	96.9%	29,467	90.4%	27,491	97.4%	29,619	94.6%	28,768
Enough help								
All/Most of the time	1.9%	578	7.6%	2,311	2.6%	791	5.4%	1,642
Some of the time/Seldom	0.6%	182	1.1%	335	0.0%	0	0.0%	0
Never	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Have no help	0.6%	182	0.9%	274	0.0%	0	1.7%	517
Do not need help	96.9%	29,467	90.4%	27,491	97.4%	29,619	94.6%	28,768

Data Tables

Functional Status: Instrumental Activities of Daily Living (IADLs)

(Q34-Q45, Q50-Q65)	NORMAL HOUSEWORK		HEAVY CLEANING		USING THE TELEPHONE		SHOPPING	
Bootheel Region	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	30,410	100.0%	30,410	100.0%	30,410	100.0%	30,410
Need help to do								
Without help	85.0%	25,849	61.5%	18,702	99.7%	30,319	87.4%	26,578
With help	15.0%	4,562	38.5%	11,708	0.3%	91	12.6%	3,832
Who helps								
No one	0.0%	0	4.2%	1,277	0.0%	0	0.0%	0
Professional	5.8%	1,764	12.9%	3,923	0.0%	0	2.1%	639
Spouse	3.0%	912	4.2%	1,277	0.0%	0	4.6%	1,399
Other family member	2.1%	639	6.3%	1,916	0.3%	91	3.7%	1,125
Non-relative	4.1%	1,247	0.8%	243	0.0%	0	0.8%	243
Other	0.0%	0	3.4%	1,034	0.0%	0	1.3%	395
Do not need help	85.0%	25,849	61.5%	18,702	99.7%	30,319	87.4%	26,578
Enough help								
All/Most of the time	12.0%	3,649	30.4%	9,245	0.3%	91	12.6%	3,832
Some of the time/Seldom	3.0%	912	3.7%	1,125	0.0%	0	0.0%	0
Never	0.0%	0	0.3%	91	0.0%	0	0.0%	0
Have no help	0.0%	0	4.2%	1,277	0.0%	0	0.0%	0
Do not need help	85.0%	25,849	61.5%	18,702	99.7%	30,319	87.4%	26,578

	PREPARING MEALS		TAKING MEDICATIONS		MANAGING MONEY	
Bootheel Region	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	30,410	100.0%	30,410	100.0%	30,410
Need help to do						
Without help	90.3%	27,460	98.9%	30,075	90.5%	27,521
With help	9.7%	2,950	1.1%	335	9.5%	2,889
Who helps						
No one	0.0%	0	0.0%	0	0.0%	0
Professional	1.7%	517	0.0%	0	0.8%	243
Spouse	4.1%	1,247	0.5%	152	0.0%	0
Other family member	1.1%	335	0.5%	152	6.6%	2,007
Non-relative	0.0%	0	0.0%	0	0.2%	61
Other	2.7%	821	0.0%	0	0.6%	182
Do not need help	90.3%	27,460	98.9%	30,075	90.5%	27,521
Enough help						
All/Most of the time	8.2%	2,494	1.1%	335	8.6%	2,615
Some of the time/Seldom	1.5%	456	0.0%	0	0.9%	274
Never	0.0%	0	0.0%	0	0.0%	0
Have no help	0.0%	0	0.0%	0	0.0%	0
Do not need help	90.3%	27,460	98.9%	30,075	90.5%	27,521

Service Awareness and Use

	Percent	Persons		Percent	Persons
	100.0%	30,410		100.0%	30,410
Talk to about getting help with personal care (Q66)			Home-delivered meals available in community (Q68)		
Spouse	19.0%	5,778	Yes	80.9%	24,602
Child/Family	22.3%	6,781	No	8.0%	2,433
Physician	11.4%	3,467	Don't know/Refused	11.1%	3,376
Social service agency	15.1%	4,592	Need/Receiving home-delivered meals (Q69-Q70)		
Other relative	4.6%	1,399	Need it & am not receiving it	0.0%	0
Friend/Neighbor	2.2%	669	Need it & am receiving it	12.9%	3,923
Other	8.2%	2,494	Not need it but am receiving	2.9%	882
No one else, decide by myself	0.3%	91	Do not need this service	84.2%	25,605
Does not need assistance	0.8%	243	Why not receiving home-delivered meals (Q71)		
Don't know/Refused	16.2%	4,926	Am receiving service	15.8%	4,805
Talk to about getting help with day-to-day activities (Q67)			Do not need service	84.2%	25,605
Spouse	19.1%	5,808	Provide with enough meals (Q72)		
Child/Family	26.2%	7,967	Yes	12.4%	3,771
Social service agency	9.9%	3,011	No	0.6%	182
Physician	7.3%	2,220	Not receiving/need service	87.1%	26,487
Other Relative	3.6%	1,095	Concerned about having enough food (Q142)		
Friend/Neighbor	4.8%	1,460	Yes	2.8%	851
Other	11.6%	3,528	No	97.0%	29,498
No one else, decide by myself	0.3%	91	Don't know/Refused	0.2%	61
Does not need assistance	1.3%	395			
Don't know/Refused	16.1%	4,896			
Agency would contact about aging services in community (Q88)					
MO Division of Senior Services	17.3%	5,261			
MO Div of Family Services	14.1%	4,288			
MO Dept of Health	7.5%	2,281			
Local Senior Center	7.0%	2,129			
Area Agency on Aging	3.5%	1,064			
Other	16.3%	4,957			
Don't know	34.4%	10,461			
Aware of toll-free number for information and referral (Q89)					
Yes	29.3%	8,910			
No	67.8%	20,618			
Don't know	2.9%	882			

Data Tables

Service Awareness and Use

Percent Aware of, Receiving & Needing Home-Delivered Meals by Selected Demographics

Bootheel Region	Aware	Receiving	Unmet Need
All	80.9%	15.8%	0.6%
Age			
60-74	78.0%	10.9%	0.9%
75+	86.6%	25.9%	0.0%
Average Age	71.1	74.3	60.0
Sex			
Male	76.4%	15.3%	0.0%
Female	83.6%	16.2%	1.0%
Race			
White	80.2%	13.9%	0.0%
Other	89.2%	39.6%	7.6%
Income			
< \$10,000	90.8%	22.9%	2.4%
\$10-\$24,999	73.0%	24.5%	0.0%
\$25,000+	76.5%	2.7%	0.0%
Don't know/Refused	85.1%	8.9%	0.0%
Living Arrangement			
Live alone	85.2%	22.9%	0.0%
Married	76.4%	7.9%	1.1%
Live with others	88.4%	28.4%	0.0%

Percent Aware Of & Go To Senior Center by Selected Demographics

Bootheel Region	Aware	Go To
ALL	83.8%	26.6%
Age		
60-74	82.7%	24.9%
75+	86.7%	29.9%
Average Age	71.1	73.2
Sex		
Male	89.0%	41.4%
Female	80.5%	17.2%
Race		
White	82.9%	27.4%
Other	94.8%	16.8%
Income		
< \$10,000	78.2%	18.3%
\$10-\$24,999	89.8%	32.0%
\$25,000+	81.9%	28.8%
Don't know/Refused	83.3%	25.5%
Living Arrangement		
Live alone	84.1%	26.4%
Married	86.9%	29.1%
Live with others	69.4%	16.0%

	Percent	Persons
	100.0%	30,410
Senior center in community (Q73)		
Yes	83.8%	25,484
No	9.3%	2,828
Don't know/Refused	6.9%	2,098
Go to a Senior Center (Q74)		
Yes	26.6%	8,089
No	73.4%	22,321
Why not go to a Senior Center (Q75)		
Not available	16.2%	4,926
Not interested in services	7.7%	2,342
Not convenient	6.2%	1,885
Not old enough to go	4.2%	1,277
No transportation	2.8%	851
Don't need services offered	2.3%	699
Don't feel welcome/belong	0.6%	182
Other	12.9%	3,923
Don't know	0.8%	243
I go to a Senior Center	26.6%	8,089

Service Awareness and Use

	Percent	Persons		Percent	Persons
	100.0%	30,410		100.0%	30,410
Assistance filling out forms available in community (Q76)			How often lack of transportation a problem (Q80)		
Yes	60.7%	18,459	Always	5.4%	1,642
No	10.9%	3,315	Nearly always	0.6%	182
Don't know/Refused	28.4%	8,636	Sometimes	3.4%	1,034
Need/Receiving assistance with forms (Q77-Q78)			Seldom	5.1%	1,551
Need it & am not receiving it	0.0%	0	Never	85.4%	25,970
Need it & am receiving it	12.6%	3,832	How often need to use public transportation (Q81)		
Not need it but am receiving	3.2%	973	Always	0.4%	122
Do not need this service	44.9%	13,654	Nearly always	1.6%	487
Not asked	39.3%	11,951	Sometimes	2.1%	639
Why not receiving assistance with forms (Q79)			Seldom	0.9%	274
Receiving assistance with forms	15.8%	4,805	Never	95.0%	28,890
Don't need service	44.9%	13,654	Public transportation system available (Q82)		
Not asked	39.3%	11,951	Yes	12.7%	3,862
			No	79.7%	24,237
			Don't know	7.6%	2,311
			Public transportation meet all transportation needs (Q83)		
			Yes	0.8%	243
			No	0.0%	0
			Don't use public transportation	99.2%	30,167
			Why public transportation doesn't meet all needs (Q84)		
			Use public trans/meets needs	0.8%	243
			Don't use public transportation	99.2%	30,167

Percent Receiving & Needing Assistance Filling Out Forms by Selected Demographics

Bootheel Region	Available	Receiving	Unmet Need
ALL	60.7%	26.0%	0.0%
Age			
60-74	62.0%	24.0%	0.0%
75+	58.1%	30.5%	0.0%
Average Age	70.7	71.9	NA
Sex			
Male	48.3%	31.0%	0.0%
Female	68.5%	23.8%	0.0%
Race			
White	60.9%	23.5%	0.0%
Other	57.9%	58.2%	0.0%
Income			
< \$10,000	62.8%	25.8%	0.0%
\$10-\$24,999	56.4%	29.5%	0.0%
\$25,000+	66.4%	19.0%	0.0%
Don't know/Refused	58.4%	30.3%	0.0%
Living Arrangement			
Live alone	61.1%	27.1%	0.0%
Married	61.9%	24.1%	0.0%
Live with others	54.2%	32.1%	0.0%

Note: Percentages for **Receiving & Unmet Need** are based on those who were asked the question.

Data Tables

Service Awareness and Use

Percent For Whom Lack of Transportation is a Problem Always, Nearly Always or Sometimes by Selected Demographics

Bootheel Region	Lack of transportation is a problem
ALL	9.4%
Age	
60-74	4.1%
75+	12.2%
Average Age	77.7
Sex	
Male	2.4%
Female	10.3%
Race	
White	7.1%
Other	0.0%
Income	
< \$10,000	19.7%
\$10-\$24,999	6.7%
\$25,000+	1.9%
Don't know/Refused	6.6%
Living Arrangement	
Live alone	12.9%
Married	2.9%
Live with others	16.1%

	Percent	Persons
	100.0%	30,410
Transportation service available where can call in advance (Q85)		
Yes	75.0%	22,808
No	11.6%	3,528
Don't know	13.4%	4,075
Transportation service meet all transportation needs (Q86)		
Yes	4.6%	1,399
No	3.8%	1,156
Don't use a service	91.7%	27,886
Why transportation service doesn't meet all needs (Q87)		
Unable to get to pickup point	0.6%	182
Other	1.9%	578
Use service & meets my needs	4.6%	1,399
Don't use service	91.7%	27,886
Don't know	1.3%	395
Need a daily check by someone (Q138-Q139)		
Need it & am not receiving it	1.7%	517
Need it & am receiving it	5.9%	1,794
Do not need this service	92.5%	28,129

Percent Receiving & Needing a Daily Check by Selected Demographics

Bootheel Region	Receive	Unmet Need
ALL	5.3%	1.2%
Age		
60-74	2.6%	1.1%
75+	9.9%	1.2%
Average Age	78.3	73.1
Sex		
Male	1.9%	0.2%
Female	7.7%	1.8%
Race		
White	5.4%	1.2%
Other	0.0%	0.0%
Income		
< \$10,000	14.6%	1.2%
\$10-\$24,999	5.0%	1.6%
\$25,000+	1.2%	0.3%
Don't know/Refused	5.4%	1.7%
Living Arrangement		
Live alone	12.5%	2.3%
Married	0.9%	0.6%
Live with others	10.3%	1.3%

Data Tables

Health Care

<i>Bootheel Region</i>	Percent	Persons	<i>Bootheel Region</i>	Percent	Persons
	100.0%	30,410		100.0%	30,410
Health coverage use to pay for most of medical care (Q117-120)			Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicaid (Q122c)		
Medicare	76.8%	23,355	Yes	1.6%	487
Through your employer	3.9%	1,186	No	98.4%	29,923
Through someone else's employer	5.3%	1,612	Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicare (Q122d)		
A plan that you buy on your own	4.6%	1,399	Yes	0.8%	243
Some other source	0.1%	30	No	99.2%	30,167
Military, CHAMPUS, TriCare	2.9%	882	Time during the last 12 months when needed to see a doctor but could not because of limited hours/days service is available (Q122e)		
Medicaid or Medical Assistance	0.9%	274	Yes	2.4%	730
Don't know/Refused	0.6%	182	No	97.6%	29,680
None	5.0%	1,521	Time during the last 12 months when needed to see a doctor but could not take time off work (Q122f)		
Time during the last 12 months when needed to see a doctor but could not because of the cost (Q121)			Yes	0.0%	0
Yes	6.8%	2,068	No	100.0%	30,410
No	93.2%	28,342	Time during the last 12 months when needed to see a doctor but could not because of other reasons (Q122g)		
Time during the last 12 months when needed to see a doctor but could not because of the lack of transportation (Q122a)			Yes	0.6%	182
Yes	1.9%	578	No	99.4%	30,228
No	98.1%	29,832			
Time during the last 12 months when needed to see a doctor but could not because could not get an appointment (Q122b)					
Yes	5.8%	1,764			
No	94.2%	28,646			

Health Care Coverage by Age Groups, Race and Income

<i>Bootheel Region</i>	Medicare	Through Employer	Other	Have no coverage
ALL	79.1%	12.2%	5.0%	3.7%
Age				
60-74	67.2%	19.6%	7.3%	5.9%
75+	98.9%	0.0%	1.1%	0.0%
Race				
White	79.2%	12.2%	5.0%	3.6%
Other	70.1%	17.3%	4.2%	8.4%
Income				
< \$10,000	91.3%	2.5%	1.2%	5.0%
\$10,000+	75.0%	15.2%	5.9%	3.8%
Don't know/Refused	83.0%	9.8%	4.6%	2.3%

Data Tables

Social Support

Bootheel Region	Percent	Persons
	100.0%	30,410
Talk on the telephone (Q132)		
Every day	62.8%	19,097
Several times a week	21.8%	6,629
Once a week	12.2%	3,710
Less than once a week	0.3%	91
Almost never	2.2%	669
Don't know/Refused	0.6%	182
Visit someone who does not live with you (Q133)		
Every day	14.8%	4,501
Several times a week	42.2%	12,833
Once a week	20.2%	6,143
Less than once a week	9.7%	2,950
Almost never	12.5%	3,801
Don't know/Refused	0.6%	182
Number of close friends who would help with emotional problems (Q134)		
None	7.3%	2,220
One	2.4%	730
Two	6.8%	2,068
Three or more	77.6%	23,598
Don't know/Refused	5.9%	1,794
Someone who would care for you (Q135)		
Yes	86.0%	26,153
No	9.6%	2,919
Don't know/Refused	4.4%	1,338
Length of time could provide care (Q136)		
No one to care for me	9.6%	2,919
As long as needed	47.8%	14,536
Only for a short time	18.7%	5,687
Only now and again	8.9%	2,706
Don't know/Refused	15.0%	4,562
Relationship to caregiver (Q137)		
No one to care for me	9.6%	2,919
Spouse	27.8%	8,454
Child	33.9%	10,309
Grandchild	0.6%	182
Other relative	9.2%	2,798
Friend/Neighbor	2.6%	791
Other	1.3%	395
Not asked	24.6%	7,481

Bootheel Region	Percent	Persons
	100.0%	30,410
Other(s) in household limited by impairment/health problem (Q140)		
Yes	19.6%	5,960
No	43.9%	13,350
No others in household	36.5%	11,100
Caregiver for another person (Q141)		
Yes	11.0%	3,345
No	52.5%	15,965
No others in household	36.5%	11,100
Preference if needed help at home (Q143)		
In-home service agency	48.5%	14,749
Find and hire by oneself	27.0%	8,211
Don't know/Refused	24.5%	7,450

Percent with No Possible Caregiver

Bootheel Region	No Caregiver
ALL	9.6%
Age	
60-74	6.8%
75+	15.3%
Sex	
Male	7.4%
Female	11.0%
Race	
White	8.7%
Other	20.3%
Income	
Less than \$10,000	21.1%
\$10,000+	4.4%
Fair or Poor Health	
Yes	17.2%
No	3.6%
Functionally Limited	
Yes	17.2%
No	4.0%
Living Arrangement	
Live alone	21.6%
Married	1.1%
Live with others	9.9%

Social Support

Bootheel Region	Percent	Persons	Bootheel Region	Percent	Persons
	100.0%	30,410		100.0%	30,410
Own or rent (Q129)			Discriminated against because of age (Q145)		
Own	77.9%	23,689	Most of the time	1.1%	335
Rent	19.3%	5,869	Some of the time	1.6%	487
Other	2.8%	851	Seldom	3.0%	912
Type of housing (Q130)			Never	91.9%	27,947
House	86.9%	26,426	Don't know/Refused	2.4%	730
Apartment	8.6%	2,615	Discriminated against because of race (Q146)		
Mobile home	2.9%	882	Most of the time	0.3%	91
Condo	0.3%	91	Some of the time	0.6%	182
Duplex	0.6%	182	Seldom	2.1%	639
Other	0.6%	182	Never	92.3%	28,068
Time lived at current residence (Q131)			Don't know/Refused	4.8%	1,460
1-5 months	4.3%	1,308	Racial or ethnic discrimination prevented receipt of needed services (Q147)		
6-11 months	0.3%	91	Yes	0.9%	274
12-23 months	0.9%	274	No	2.1%	639
2 or more years	94.5%	28,744	No discrimination	97.0%	29,498
Considering moving to a place where can get more help (Q144)			Know of elder abuse/neglect in community (Q148)		
Within the next six months	0.0%	0	Yes	5.2%	1,581
Within one year	2.3%	699	No	93.6%	28,464
In one or two years	1.6%	487	Don't know/Refused	1.2%	365
Sometime in the future	6.1%	1,855	Kind of abuse/neglect (Q149) (More than one response accepted)		
Not considering moving at a	89.1%	27,095	Physical	4.1%	1,247
Don't know/Refused	1.0%	304	Emotional	1.5%	456
Neighborhood safe from crime (Q128)			Financial	0.8%	243
Extremely safe	14.1%	4,288	Do not know of any abuse	93.6%	28,464
Quite safe	63.7%	19,371	Aware of abuse/neglect hotline (Q90)		
Slightly safe	17.2%	5,231	Yes	41.3%	12,559
Not at all safe	3.3%	1,004	No	58.2%	17,699
Don't know/Refused	1.8%	547	Don't know/Refused	0.5%	152

Contacts

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**2000 Missouri Older Adult Needs Assessment
Northwest Region**

**Missouri Area Agencies on Aging
Missouri Department of Health and Senior Services**

March 2003

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Population

- As the "baby boom" generation begins to gray, the older population is expected to double in the United States over the next 30 years.
- Missouri's age 65 and older population has increased 5% from 1990 to 2000; the 85+ age group increased 21%. While the state has experienced an overall increase in the older population, the Northeast region has seen a drop of 5% in their age 65 and older population. The 85+ age group, though, has experienced a growth rate of 4%.
- The age of seniors surveyed ranges in years from 60 to 94, with an average of 73 years. Women account for 60%, and men 40%, of those interviewed.
- Marital status and living arrangement are closely linked to an older adult's income, health status and the availability of caregivers. Marital status and living arrangement vary among age and sex. As age increases, the number of seniors living alone significantly increases. Men are more likely than women to be married at every age level.
- Household income decreases as age increases. Almost half of seniors report incomes of less than \$25,000.

Health Status

- Self-rated health is a simple but informative summary measure of health. Almost two-thirds of seniors assess their health as good, very good or excellent; 38% report their health to be fair or poor.
- Self-rated health differs by socioeconomic indicators. The more education received, and the higher the income, the better the health rating.

- Over one-third of seniors, 35%, are limited in activities because of an impairment or health problem. Men are more likely than women to report limiting health problems, as are those who assess their health as fair or poor.

Functional Status

- Functional limitation and whether a person receives assistance serve as key indicators of an older person's ability to live independently and remain in the community. Forty percent report needing help in performing one or more everyday activities. Functional limitations increase with age.
- The majority of seniors are receiving the necessary help with their everyday activities, most often aided by family members. Yet, 13% are not getting the help or need more help. Walking is the most likely activity of daily living (ADL) where assistance is not being received. Heavy house cleaning is the instrumental activity of daily living (IADL) need that most often goes unmet.

Service Awareness and Use

- Most seniors will talk with their families when they need someone to help with their personal care or day-to-day activities. There is a substantial number of elders though who do not know who they would speak with when they need help.
- Thirteen percent of older adults would contact the Division of Senior Services, and 13% a local Senior Center to find out about aging services in their community; 44% do not know which agency to contact. Over one-fourth of seniors, 29%, are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services.

Highlights

- The majority of seniors, 77%, are aware of home-delivered meals; 5% report receiving either home delivered meals or meals on wheels, based on this survey. One percent feel they need meals but are not getting them delivered, or believe the service they are getting does not provide them with enough meals.
- Most older adults, 84%, know of a senior center in their community where they can go to eat meals and participate in activities; 17% visit a center in their community.
- Assistance filling out Medicare, insurance or other forms is thought to be available in the community by almost half of seniors. Sixteen percent receive this help; another 2% could use help.
- Lack of transportation is a problem for 5% of older adults. Women more often than men find lack of transportation a problem.
- Four percent of seniors need to use a public transportation system, and for most using public transportation, it meets all their needs.
- Over three-fourths of seniors, 77%, are aware of a transportation service where you can call in advance. Thirteen percent use this service, and for most it meets all their transportation needs.
- Over 90% of elders do not need a daily check by someone to be sure they are okay. Four percent of older adults receive such a check.

Health Care

- Medicare is the most common health care coverage for those age 65 and older. The youngest old, ages 60 to 64, are most likely to be covered by their own or someone else's employer.
- One percent, or an estimated 455 seniors, report having no health insurance. The majority of the uninsured are under age 65.

- Cost, limited service times, and not being able to get an appointment are the most often cited reasons for not being able to see a doctor when needed.

Social Support

- Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. Most seniors, 89%, talk on the telephone at least weekly. Face-to-face interactions occur less frequently but still 77% manage to visit someone outside their home at least once a week.
- Twelve percent of older adults, or an estimated 5,050 persons, have no one who would care for them if they became sick or disabled. For those who have a potential caregiver, it is most likely to be a family member and someone who is able to care for them as long as needed.
- Around 83% of older adults own their home, 85% live in a house and 86% have lived at their current residence for two years or more. The majority, 95%, consider their neighborhoods to be extremely or quite safe from crime.
- Most older adults have never been discriminated against in the past year because of their age (91%) or their race (95%).
- Only 4% of seniors are aware of older adults in their community who have been abused or neglected. Over one-third, 39%, are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

Since 1900 the percentage of Americans age 65 and older has more than tripled. The older population will continue to grow significantly and is expected to double over the next 30 years as the "baby boom" generation begins to "gray".¹ The fastest growing segment of the older population is the group 85 years old and older.

Missouri's age 65 and older population has increased 5% from 1990 to 2000. Consistent with the nation, Missouri's 85+ age population has had the greatest rate of growth among age cohorts in the state, increasing 21% over the last 10 years.² While the state has seen an overall increase in the older population, the Northwest region (see pg. 5) has experienced a decrease of 5% in the age 65 and over population. The oldest old, ages 85+, though has seen a growth rate of 4%.³

In America, and in Missouri as well, one can expect to spend a significant number of years in old age. Quality of life in later years is directly influenced by an older person's health and level of physical and cognitive functioning. Good health, the ability to live independently in the community and affordable health care are concerns not only for the older person but for society as a whole. Younger persons who care for their aging relatives face financial and emotional challenges. For society, the financing of health care services for seniors is a significant outlay of resources.⁴

In order to effectively address the needs of the older population in Missouri, quality data are needed for assessing functional status, health behaviors and needed assistance. The Missouri Department of Health and Senior Services (formerly the Department of Health and the Division of Aging within the Department of Social Services) and the ten Missouri Area Agencies on Aging (AAA) have conducted a statewide study of older adults, 60 years of age or older, and have targeted minority populations. Analysis of this information will serve as a foundation for program policies to address the needs of this growing population and to improve the quality of life for Missouri's seniors.

Survey Design and Administration

The Missouri Department of Health and Senior Services (DHSS), Division of Chronic Disease Prevention and Health Promotion (CDPHP) designed the needs assessment study, developed the survey questionnaire and conducted the telephone interviews. There were two phases to the study. The first phase sampled the entire state. The second phase targeted minority populations in metro Kansas City, metro St. Louis and the Bootheel region.

The statewide study was designed to provide statewide representation of the population age 60 and older. A disproportionate stratified random sample was used, stratifying by regions that roughly correspond to DHSS districts. This report covers the Northwest region (See Sampling Regions, pg. 5).

Trained interviewers from the CDPHP placed the calls and interviewed only respondents age 60 or older. Proxy respondents were allowed if the respondent was unable to speak on the telephone because of a hearing problem or physical disability. Interviewing occurred June 23, 2000 through March 8, 2001. A total of 2,757 surveys were completed for the statewide study; 239 surveys were conducted among seniors in the Northwest region.

Analysis

The CDPHP has applied the Behavioral Risk Factor Surveillance System (BRFSS) weighting formula to all data collected.⁵ Weighting allows for controlling all known sources of bias and a regional stratification adjustment and post-stratification weight to compensate for non-response and non-coverage of households without telephones. Upon weighting, sample proportions of selected demographic characteristics equal the estimated sample proportions of the population, and the sample size equals Missouri's age 60 and older, non-institutionalized population based on 1990 Census data.

To arrive at population estimates based on 2000 Census data, sample percentages have been ap-

Introduction

plied to the age 60 and older population obtained from the 2000 Census, excluding an estimate of the age 65+ institutionalized population. The institutionalized, age 65+ population from the 2000 Census is not yet available on a county level so an estimate of this population for the Northwest region has been determined using the following methodology. Statewide, 50% of the institutionalized population is age 65 or older; it has been assumed that 50% of the region's institutionalized population is also age 65 and older. Half of the institutionalized population has then been deducted from the age 65 and older population, with the resulting total added to the age 60-64 population to arrive at the regional estimate. This estimate has been used as the basis to provide further estimates of certain populations, as noted throughout the report and in the Data Tables section starting on page 22.

Population Estimate for the Northwest Region	
65+ population	35,848
- 50.283% of institutionalized population	4,226
Estimated 65+, non-institutionalized population	31,622
+ 60-64 population	9,744
Estimated 60+, non-institutionalized population	41,366

Chi-square tests and *t*-tests were conducted at the 95% confidence level to determine statistically significant differences. Where noted in the report, a significant difference means statistical significance at the 95% confidence level.

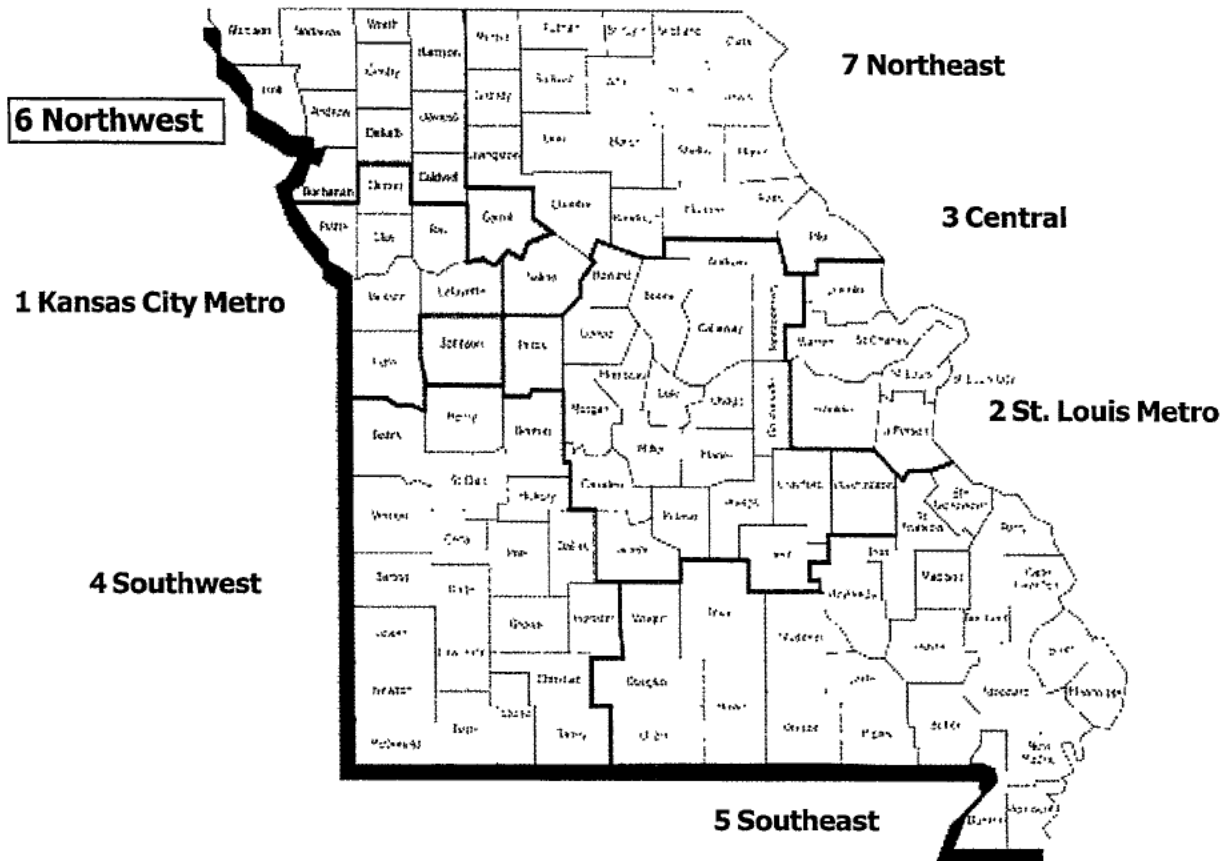
Report Organization

This report is a summary of the data collected from the statewide study for the Northwest region. The first section details selected demographic characteristics of the surveyed older population. The second section covers health status measures and health habits while section three presents measures of functional status. The fourth section explains awareness and usage of selected community aging services. Section five highlights health care coverage and the last section covers issues regarding social activity, caregiving, discrimination, abuse and neglect, and neighborhood safety. At the end of the report is a section of data tables that provides supporting data for the report and population estimates based on the 2000 U.S. Census non-institutionalized, age 60 and older population.

References

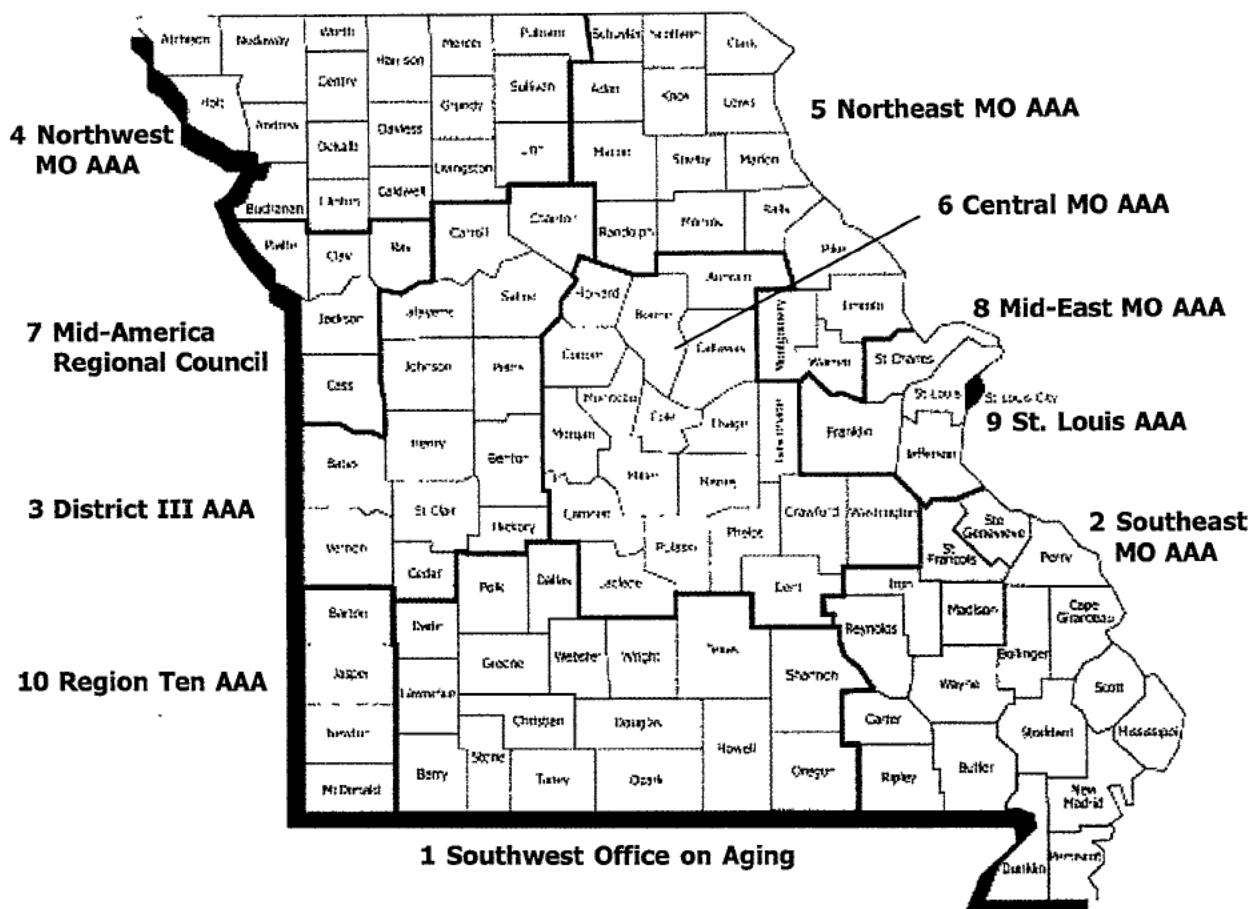
- ¹ A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services
- ² Regional Profiles, OSEDA-Office of Social and Economic Data Analysis, www.oseda.missouri.edu/regional_profiles/pchseniorpop_1990_2000.html
- ³ Basic Demographic Profile Trend Report 1990-2000, Missouri Census Data Center, www.mcdc.missouri.edu
- ⁴ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.
- ⁵ National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Factor Surveillance System, www.cdc.gov/nccdphp/brfss/, Frequently Asked Questions (FAQs)

Sampling Regions



- 1 Cass, Clay, Clinton, Jackson, Lafayette, Platte, Ray
- 2 Franklin, Jefferson, Lincoln, St. Louis City, St. Louis County, St. Charles, Warren
- 3 Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Washington
- 4 Barry, Barton, Bates, Benton, Cedar, Christian, Dade, Dallas, Greene, Henry, Hickory, Jasper, Lawrence, McDonald, Newton, Polk, St. Clair, Stone, Taney, Vernon, Webster
- 5 Bollinger, Butler, Cape Girardeau, Carter, Douglas, Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Reynolds, Ripley, Ste. Genevieve, St. Francois, Scott, Shannon, Stoddard, Texas, Wayne, Wright
- 6 Andrew, Atchison, Buchanan, Caldwell, Carroll, Daviess, DeKalb, Gentry, Harrison, Holt, Johnson, Nodaway, Worth
- 7 Adair, Chariton, Clark, Grundy, Knox, Lewis, Linn, Livingston, Macon, Marion, Mercer, Monroe, Pike, Putnam, Ralls, Randolph, Saline, Scotland, Schuyler, Shelby, Sullivan

Area Agency on Aging Regions



- 1** Barry, Christian, Dade, Dallas, Douglas, Greene, Howell, Lawrence, Oregon, Ozark, Polk, Shannon, Stone, Taney, Texas, Webster, Wright
- 2** Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Perry, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Stoddard, Wayne
- 3** Bates, Benton, Carroll, Cedar, Chariton, Henry, Hickory, Johnson, Lafayette, Pettis, Saline, St. Clair, Vernon
- 4** Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Putnam, Sullivan, Worth
- 5** Adair, Clark, Knox, Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Randolph, Schuyler, Scotland, Shelby, Warren
- 6** Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski, Washington
- 7** Cass, Clay, Jackson, Platte, Ray
- 8** Franklin, Jefferson, St. Charles, St. Louis
- 9** St. Louis City
- 10** Barton, Jasper, McDonald, Newton

Note: See pg. 36 for contact information.

Demographic Characteristics

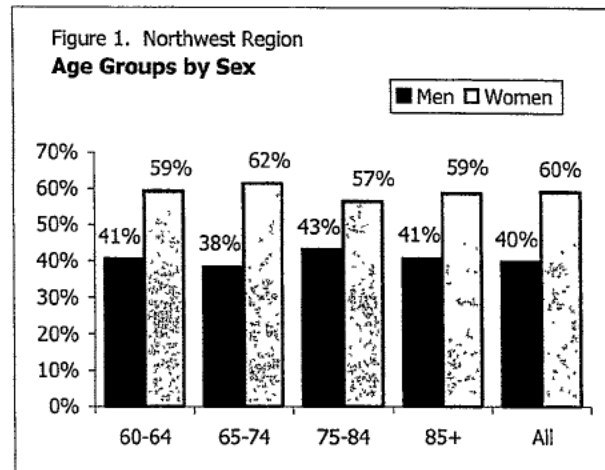
The age of seniors surveyed ranges in years from 60 to 94, with an average of 73 years. Women account for the majority of those surveyed (Figure 1). Women are on average the same age as the men interviewed.

The majority of older adults are white; 0.7% report themselves as black, and 0.2% as a race other than black or white (Data Tables, pg. 22). For analysis purposes, races other than white will be grouped into a category called Other.

Marital Status, Living Arrangement

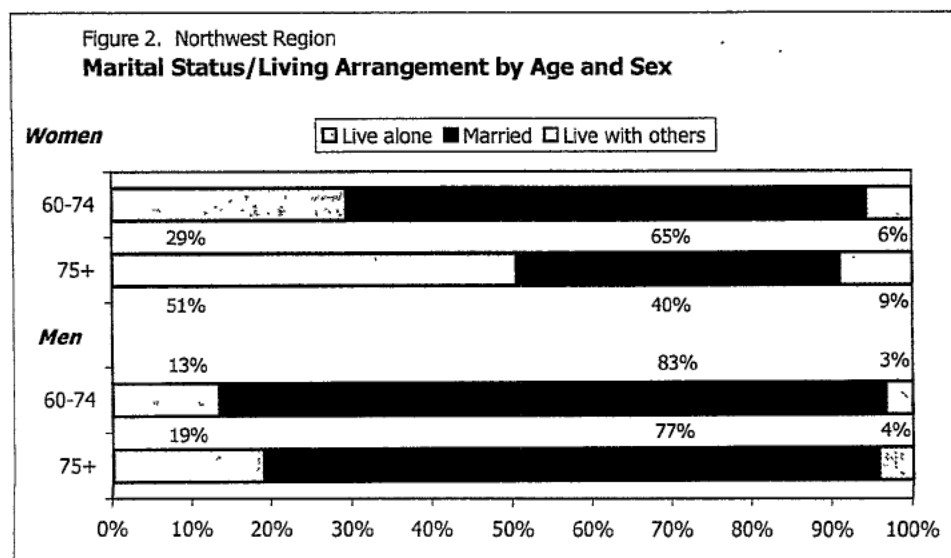
Marital status and living arrangement impact older adults' well-being as they are closely linked to income, health status, and the availability of potential caregivers. Consistent with U.S. Census data¹ and national health study data², marital status and living arrangement of Missouri's seniors vary by age, sex and race.

Living arrangement is defined by marital status and the number of people residing in the household. An assumption was made that if the respondent is married and living with another person, that respondent is living with his/her spouse.



For analysis purposes, marital status and living arrangement are combined into the following categories: married and living with others; living alone; living with others.

The number of seniors living alone increases with age. Only 23% of adults aged 60 to 74 live alone; that percentage jumps to 51% for the 85+ age group (Data Table, pg. 22). Men are more likely than women to be married at both age levels, reflecting the fact that men are often outlived by their wives, marry women younger than themselves and remarry more frequently (Figure 2).

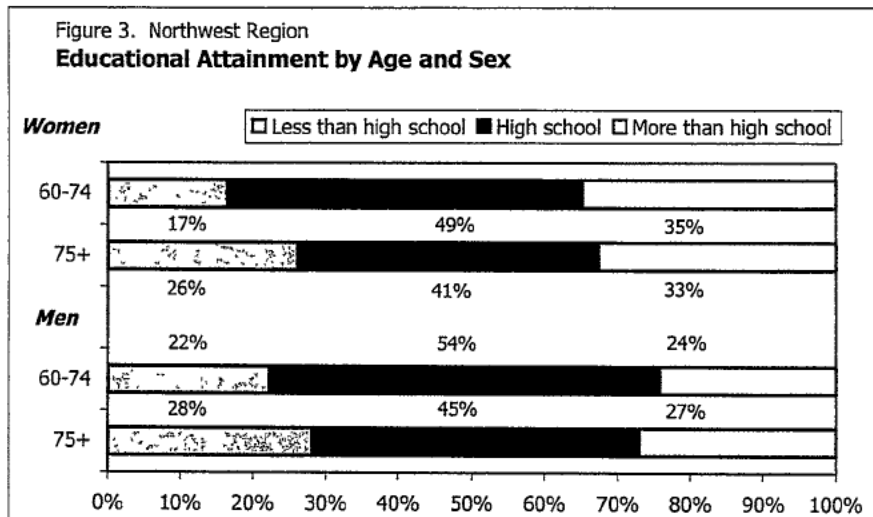


Population

Educational Attainment

Higher levels of education are usually correlated with higher incomes, higher standards of living, and above-average health status among older adults. Thus, education can have an indirect influence on a person's well-being.³

Over three-fourths of older adults, 78%, have received at least a high school education (Data Tables, pg. 23). Education levels are similar among men and women at both age levels (Figure 3).



Labor Force Participation

Almost three-fourths of older adults are retired; 16% are employed (Figure 4). Employed seniors who average 66 years of age are younger than retirees, who average 74 years of age. Overall, women are just as likely to be working as men, though women are more likely to be employed in the youngest age group (Table 1).

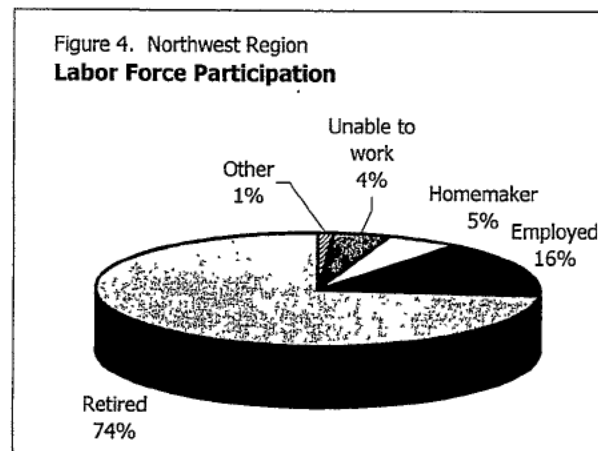


Table 1. Northwest Region
Percent Employed by Age and Sex

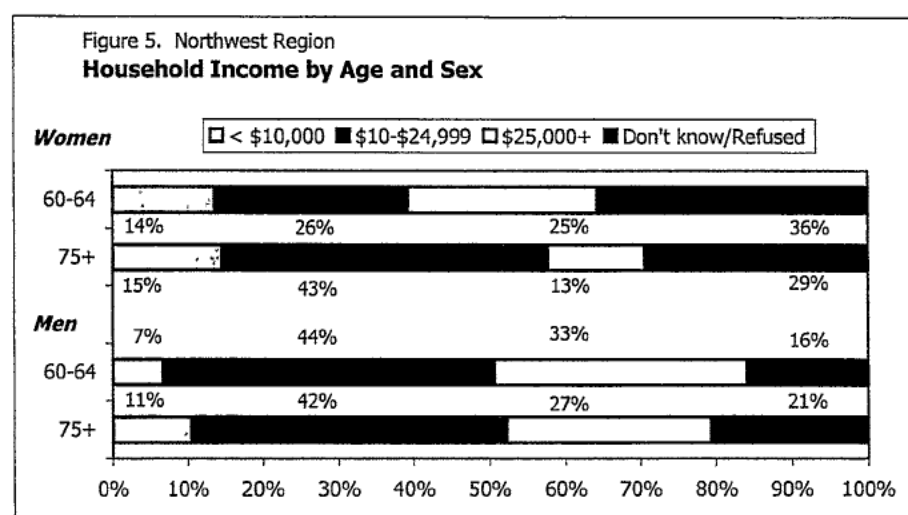
	Men	Women	ALL
ALL	14%	17%	16%
60-64	20%	55%	40%
65-74	28%	12%	18%
75-84	0%	5%	3%
85+	0%	5%	3%

Household Income

An older adult's income has a direct bearing on his or her quality of life. Persons with inadequate income risk lack of food, housing, health care and needed services. Socioeconomic status has been proven to affect a person's health.⁴

As age increases, household income tends to decrease (Figure 5). This is more often the case for women, a function of a woman's lifelong economic dependency on her spouse and her greater likelihood of widowhood.

Annual household income is less than \$25,000 for almost half of seniors; less than 7% have incomes of \$50,000 or more (Data Tables, pg. 23). Twenty-seven percent of respondents either refused to report their income or did not know their income; this is more prevalent among women.



References

¹ Current Population Reports. The Older Population in the United States. U.S. Census Bureau. March 1999.

² National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

³ Federal Interagency Forum on Aging-Related Statistics. Older Americans 2000: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics, Washington, DC: U.S. Government Printing Office. August 2000.

⁴ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vo. 279 Issue 21 06/03/98, 1703-1709.

Health Status

Self-Rated Health

Self-assessed health is one of the simplest but most informative measures of health, summarizing physical, emotional and social aspects of well-being. Research has found self-rated health to highly correlate with mortality, and has demonstrated that older persons who report their health as poor are at increased risk for declines in physical functioning.¹

Almost two-thirds of seniors, 62%, assess their health as good, very good or excellent; 38% rate their health as fair or poor (Data Tables, pg. 24). Men are more likely than women to report their health as being fair or poor (Figure 6).

National studies^{1,2} and the 1994 Needs Assessment study have found black seniors to be more likely to report worse health. In this study, the percentage who report poor health is greater for minority than white seniors, though the difference is not statistically significant (Figure 7).

Differences in health outcomes by socioeconomic position have been recognized as a persisting public health problem. The Americans' Changing Lives (ACL) longitudinal study found that lower levels of education and income are associated with a significantly higher prevalence of health risk behaviors, including smoking, being overweight and physical inactivity.³

Figure 6. Northwest Region

Percent Who Report Fair or Poor Health by Age and Sex

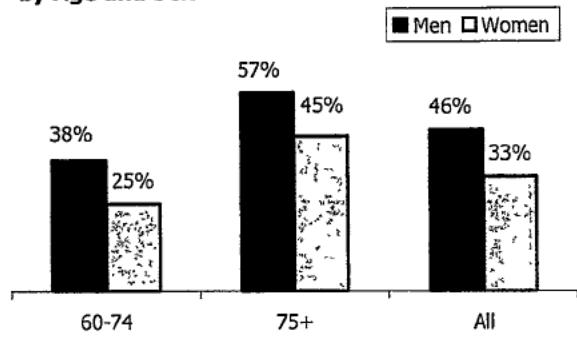
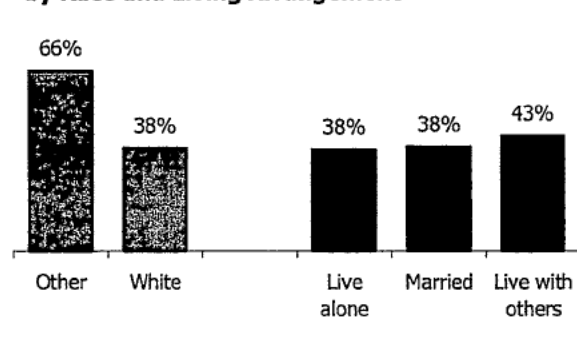


Figure 7. Northwest Region

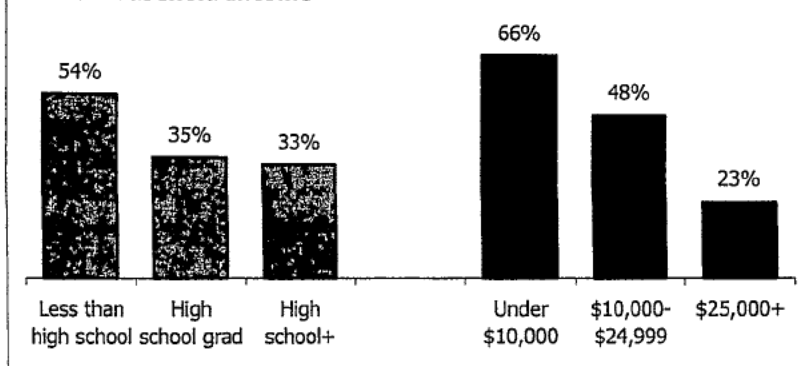
Percent Who Report Fair or Poor Health by Race and Living Arrangement



Seniors' perception of their health also differs significantly in this study by the socioeconomic indicators of educational attainment and household income. Self-rated health improves as education and income increase. Over half of seniors with less than a high school education rate their health as fair or poor. In contrast, around one-third of seniors with at least a high school education assess their health as not good (Figure 8).

Figure 8. Northwest Region

Percent Who Report Fair or Poor Health by Education and Household Income



Seniors with incomes under \$10,000 are three times as likely to rate their health as fair or poor than those with reported incomes over \$10,000 (Figure 8).

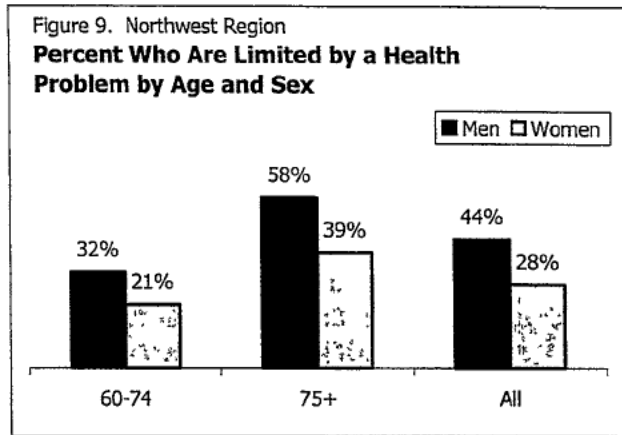
Health Limitations

Chronic diseases such as arthritis affect the quality of life and contribute to disability and the inability to live independently. Around one-third of seniors, 35%, are limited in activities because of an impairment or health problem. Heart problems (7%), lung/breathing problems (5.5%), a walking problem (5.5%), and arthritis (5%) are the major afflictions reported as limiting activities (Data Tables, pg. 24).

As with self-assessed health, men are more likely than women to report their activities are limited by a health problem (Figure 9). As expected, those rating their health as fair or poor are more likely to indicate their activities are limited because of a health problem than those with a good to excellent self-health rating (Data Tables, pg. 24).

Twelve percent of elders report having trouble learning, remembering or concentrating because of an impairment or health problem (Data Tables, pg. 24).

Survey participants were asked a variety of questions regarding how many days in the past 30 days they felt healthy, and how many days they were affected by poor physical health, poor mental health, and sleep deprivation. (Table 2; Data Tables, pg. 25)



Days of Good Health

Over 70% of seniors have felt very healthy and full of energy at least one day in the past 30 days. Those reporting at least one day of good health average 23 good days.

Days of Poor Health

Over one-third of seniors have had one or more days in the past 30 where their physical health was not good, averaging 18 poor physical health days. Pain made it hard for almost one-fourth of older adults to do their usual activities at least one day in the past month. On average, pain inhibited daily activities half of the month.

Table 2. Northwest Region
Percent Who Report At Least 1 Day in the Past 30 Days

	Percent	Estimated Persons	Average # of Days
Felt very healthy & full of energy	71%	29,328	22.6
Physical health was not good	36%	14,809	17.8
Pain made it hard to do activities	21%	8,604	16.5
Mental health was not good	13%	5,419	12.3
Felt sad, blue, depressed	18%	7,529	10.7
Felt worried, tense, anxious	22%	9,101	10.5
Did not get enough rest/sleep	27%	11,293	11.3
Poor health kept you from activities	19%	7,901	20.1

Poor mental health days have been experienced by 13% of seniors, who average 12 poor days; 18% have had at least one day where they felt sad, blue or depressed and average 11 such days; around one-fourth have felt worried, tense or anxious and average 10.5 such days; one-fourth did not get enough rest or sleep, averaging 11 sleepless days.

Poor physical or mental health has kept an estimated 7,901 seniors from doing their usual activities for an average of 20 days during the past month.

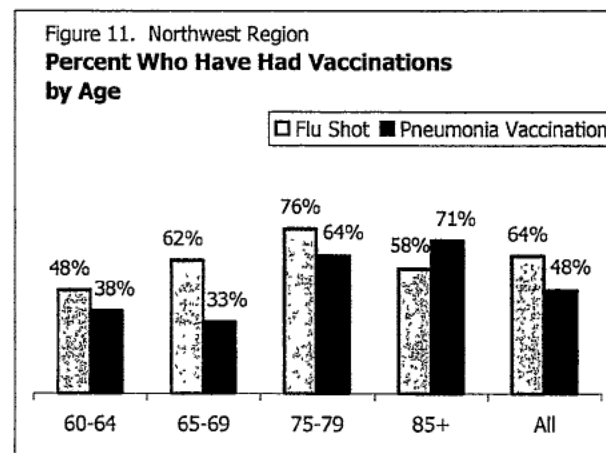
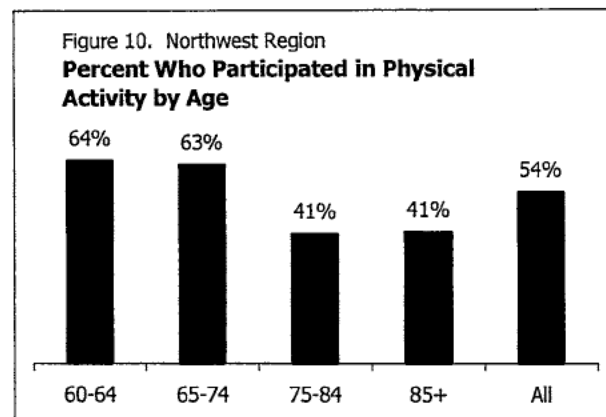
Health Status

Health Habits

Research has shown that physical activity has many health benefits: reducing the risk of certain chronic diseases, relieving symptoms of depression, helping to maintain independent living, and enhancing the overall quality of life. Over half of older adults have participated in physical activities or exercised in the past month (Figure 10). Participation declines for the oldest old.

The most popular activities seniors participate in are walking, gardening and golf. For those who do exercise, they do so several times a week (Data Tables, pg. 26).

Older adults are at a higher risk of contracting and suffering from consequences of the flu or pneumonia. An annual flu shot and a pneumonia vaccination are recommended for adults ages 65 and older. Almost two-thirds of seniors have had a flu shot in the past year, with the majority receiving their shot at a doctor's office; 48% have had a pneumonia vaccination (Figure 11).



References

¹ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

² A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services

³ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vol. 279 Issue 21 06/03/98, 1703-1709.

The functional ability of an older person declines with age. Functional limitation and whether a person receives assistance serve as key indicators of an older person's ability to live independently in the community and have implications for service delivery, quality of life, and life expectancy. Functional status is commonly defined in terms of the ability to perform certain tasks of daily living. Researchers group these tasks into two categories: essential activities of daily living (ADL) and the more complex instrumental activities of daily living (IADL). The ADLs included in this survey are eating, bathing, dressing, toileting, getting in/out of bed, walking, getting around the house, and getting outside. IADLs include light housework, heavy housework, using the telephone, shopping, preparing meals, taking medication and managing money.

For each ADL and IADL, respondents were asked how much difficulty they had performing each task, who helped them if they had difficulty and if it was enough help. Respondents are considered to have difficulty with an ADL or IADL if they report needing some help or unable to do without help. Consistent with other studies, those who report they do not do an ADL are counted as having difficulty.¹ Because ADLs are fundamental to the existence of the person, it is likely the respondent who "does not do" a specific activity is limited. The percentage of those reporting "doesn't do for other reason" is less than one percent for any given ADL. Unlike ADLs, IADLs are not necessities of life and may not be done for reasons other than disability. Thus, those who report they do not do a specific IADL are not counted as limited.

ADL and IADL Difficulties

Forty percent of seniors need some help performing either ADLs or IADLs (Figure 12). Mobility is the most prevalent ADL difficulty with 14% report having trouble walking, getting around the house, and/or getting outdoors (Figure 13). Seven percent have difficulty with personal care activities. Overall, 15% have ADL difficulties.

More seniors need help with IADLs than with ADLs, 37% vs. 15% respectively. Help is most

Figure 12. Northwest Region
Functional Limitations

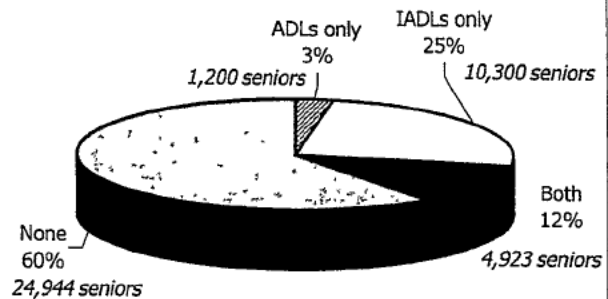
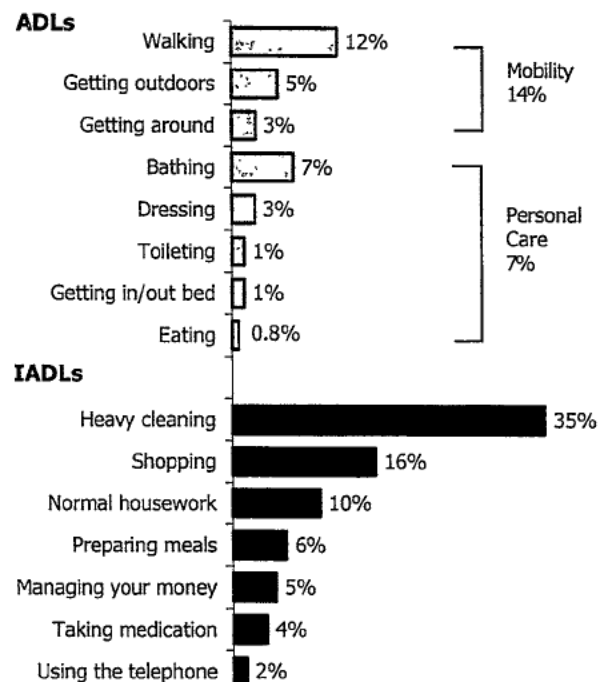


Figure 13. Northwest Region
Percent with ADL and IADL Difficulties

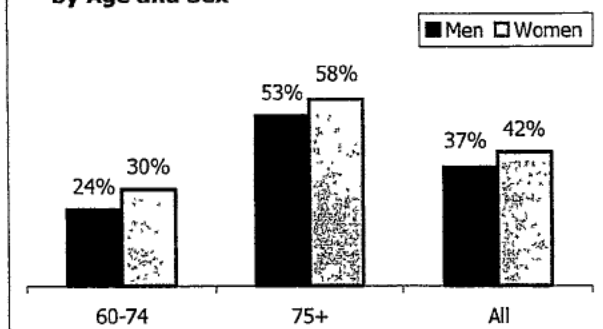


often required with cleaning and shopping (Figure 13).

Seniors with functional limitations are on average older than those who are not limited, 75 vs. 71 years old. Percentages are similar among men and for those needing assistance with ADLs and/or IADLs (Figure 14).

Functional Status

Figure 14. Northwest Region
Percent Who are Functionally Limited by Age and Sex



Assistance with Functional Limitations and Unmet Needs

Some seniors are able to overcome their difficulties in performing daily activities through the use of assistive devices; many others require personal assistance. The majority of elders are receiving the necessary assistance and in most cases, it is enough help (Data Tables, pgs. 27-28).

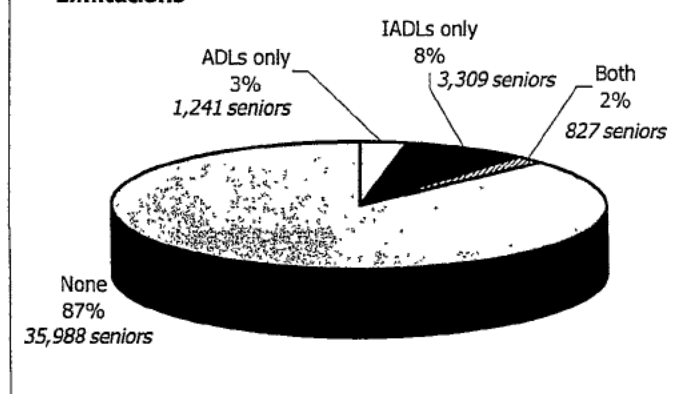
For most, assistance comes from family. Professional help is used most for normal housework and heavy cleaning. Other help, usually in the form of assistive devices such as a walker or cane, is more often used with walking, getting around the house or getting outdoors (Data Tables, pgs. 27-28).

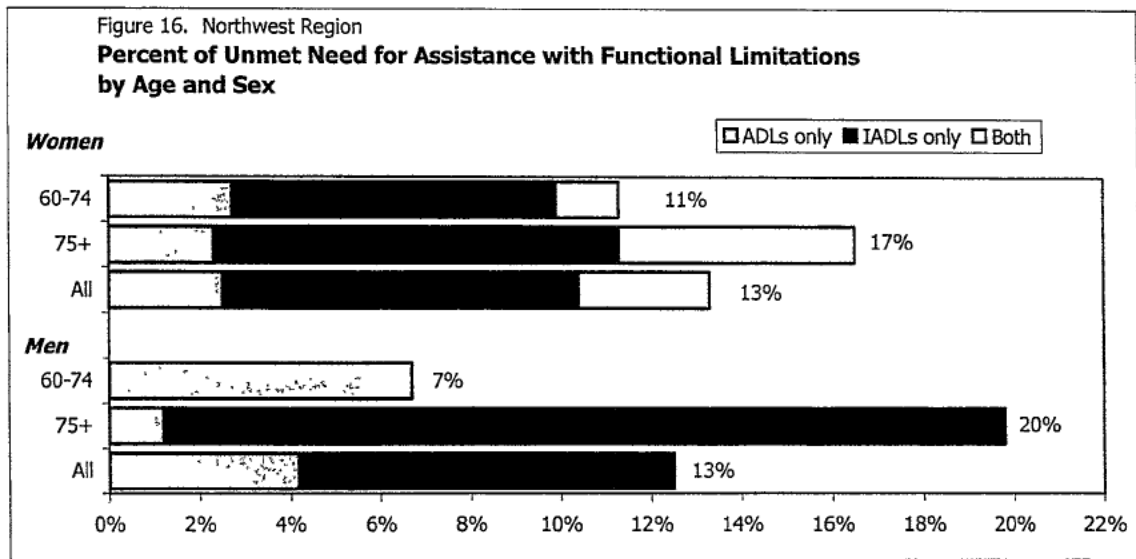
While help is available for most seniors who need it, there are still thousands who are going unaided. These adults may be at risk for institutionalization if the need for assistance goes unmet. Unmet need has been determined for each ADL and IADL where an individual has no one to help when help is needed, or if the help they get is enough help only some of the time, seldom or never.

Overall, 13% of older adults are in need of help or need more help with their everyday activities (Figure 15). Five percent need more help with one or more ADLs, with the majority of elders requiring assistance with walking. Ten percent could use additional help with at least one IADL. Heavy cleaning is the need that most often goes unmet (Data Tables, pg. 27-28).

As with ADL and IADL difficulties, unmet need for assistance increases as age increases (Figure 16). Women tend to need assistance with both ADLs and IADLs. Men need assistance with either an ADL or an IADL but not for both.

Figure 15. Northwest Region
Unmet Need for Assistance with Functional Limitations





References

¹ Health Data on Older Americans: United States, 1992. National Center for Health Statistics. Vital and Health Statistics 3(27), January 1993.

Service Awareness and Use

Where To Go For Help

Most seniors will talk with their family members when they need someone to help with their personal care and their day-to-day activities (Table 3). Fifteen percent, or an estimated 6,000 persons, do not know who they would speak to about personal care assistance or about getting help with day-to-day activities (Data Tables, pg. 29).

Over one-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services (Figure 17).

Regarding agencies to contact to find out about aging services in the community, the majority do not know which agency to go to (Figure 18).

Overall, 7% older adults, or an estimated 2,895 persons, indicate they have no one to talk to about getting help with personal assistance or day-to-day activities, and do not know what agency to speak with about aging services.

Table 3. Northwest Region

Who Would You Talk to for Help

	With Personal Care	With Day-to-Day Activities
Family	50%	51%
Doctor	15%	6%
Social service agency	10%	11%
Other	11%	18%
Don't know	15%	15%

Figure 17. Northwest Region

Aware of the Toll-Free Information and Referral Number

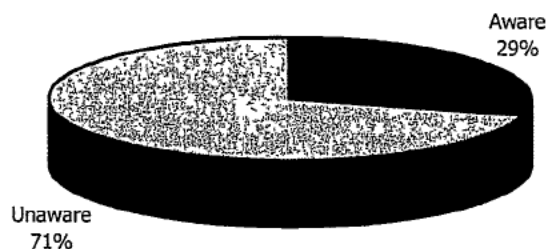
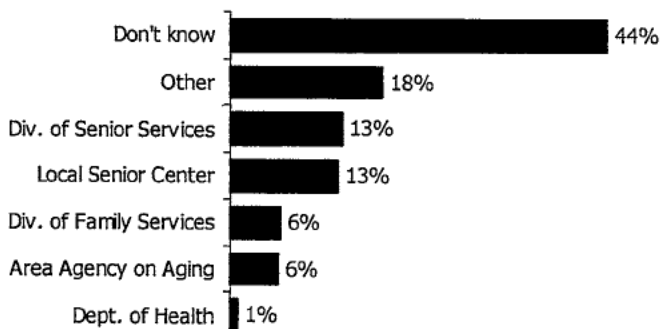


Figure 18. Northwest Region

Agency To Contact About Aging Services



Service Awareness and Use

Home-Delivered Meals

Over three-fourths of older adults are aware of the availability of home-delivered meals or Meals on Wheels in their community (Table 4).

Table 4. Northwest Region
Home-Delivered Meals

	Percent	Persons
Aware	77%	31,852
Receiving	5%	1,944
Unmet Need	1%	496

Five percent of persons 60 and older report having meals delivered to their homes (Table 4). This would include Home Delivered Meals through local senior centers and other community operated Meals on Wheels programs. One percent feel they need home-delivered meals but are not getting them, or believe the service they are receiving does not provide them with enough meals (Table 4). Reasons for not receiving meals include not liking the service provided (Data Tables, pg. 29).

The vast majority of seniors, 95%, have not been concerned about having enough food for themselves and their families in the past 30 days (Data Tables, pg. 29).

Senior Center

Most of older adults know of a senior center in their community where they can eat meals and participate in social activities; 17% report visiting a senior center (Table 5).

Table 5. Northwest Region
Senior Center

	Percent	Persons
Aware	84%	34,789
Go To	17%	7,074

Attendance increases with age: those who visit centers are on average 77 years old; those who don't average 71 years old. Seniors living alone are also more likely to visit a center as compared to those who are married or living with others.

For those who do not visit a senior center, reasons for not going include not needing the services offered, unavailability, and not interested in the services offered (Data Tables, pg. 30).

Assistance Filling Out Forms

Assistance filling out Medicare, insurance or other forms is thought to be available in the community by almost half of seniors (Table 6).

Not everyone was asked if they currently need help filling out forms due to a survey programming error. *Thus, the data presented here is based on only those seniors asked so need and receipt of assistance of this service may be underestimated.*

Sixteen percent of seniors say they receive help filling out their forms; another 2% could use help with their forms (Table 6).

Table 6. Northwest Region
Assistance Filling Out Forms

	Percent	Persons
Available	47%	19,442
Receiving	16%	3,061
Unmet Need	2%	331

Service Awareness and Use

Transportation

Lack of transportation is a problem for 5% of seniors when they want to go someplace (Data Tables, pg. 31). Women more often than men find lack of transportation a problem as do lower income seniors (Data Tables, pg. 32).

Over one-third of older adults report a public transportation system is available where they can walk to a bus stop (Table 7). Four percent need to use public transportation when they want to go someplace. Almost all who use public transportation feel the system meets all their transportation needs (Data Tables, pg. 31).

Table 7. Northwest Region
Public Transportation

	Percent	Persons
Available	36%	14,974
Need to Use	4%	1,655
Doesn't meet my needs	0.3%	124

Transportation Service

	Percent	Persons
Available	77%	31,769
Use	13%	5,336
Doesn't meet my needs	1%	579

Three-fourths of seniors are aware of the availability of a transportation service where you can call in advance. Thirteen percent report using this service, and for most, it meets all their transportation needs. The reason given for the service not meeting the need is because the destination is outside the service area (Data Tables, pg. 32).

Daily Check

Over 90% of seniors feel they do not need a daily check by someone to be sure they are okay. Four percent report receiving such a check; less than 1% believe they need it but are not getting it (Table 8). Seniors living alone are more likely than those living with their spouse to be receiving a daily check (Data Tables, pg. 32).

Table 8. Northwest Region
Daily Check

	Percent	Persons
Receive	4%	1,820
Unmet Need	0.2%	83

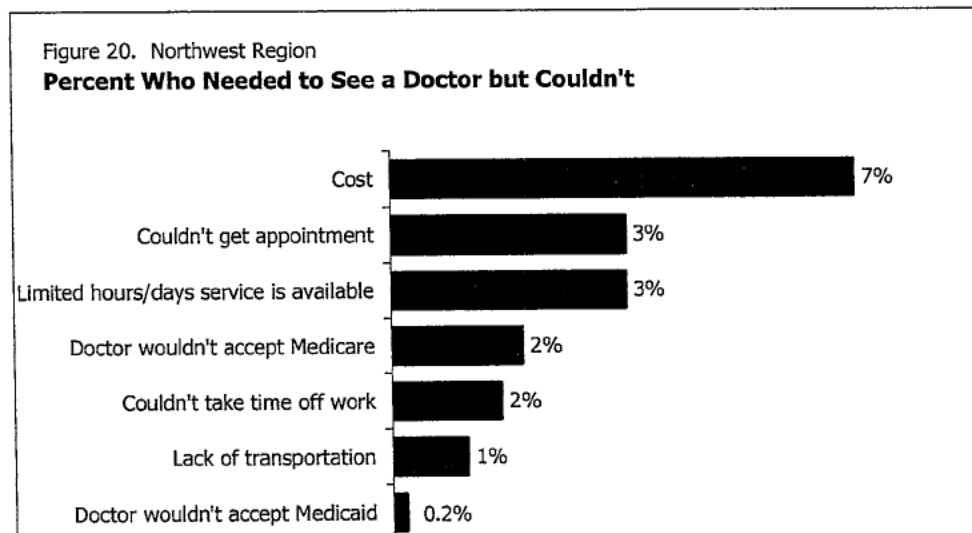
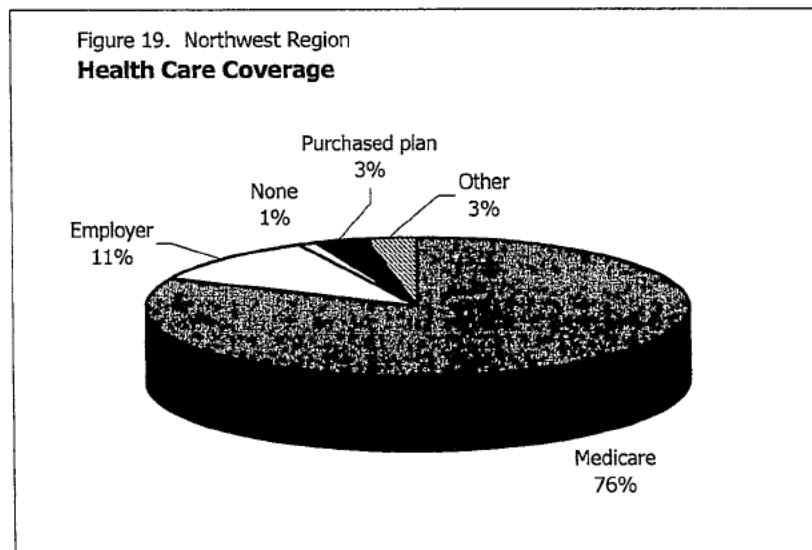
Health Care Coverage

For those ages 65 and older, Medicare is the most common health care coverage. The youngest old are most likely to be covered by their own or someone else's employer (Data Table, pg. 33).

One percent, or an estimated 455 seniors, do not have health insurance, with the majority of them under age 65 (Data Table, pg. 33).

Inability to See a Doctor

Survey participants were asked if there was a time in the past 12 months when they needed to see a doctor but could not for various reasons. Cost, not being able to get an appointment, and limited service times are the most often cited reasons for not being able to see a doctor when necessary (Figure 20).



Social Support

Social Activity

Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. The vast majority of seniors talk on the telephone at least weekly (Figure 21). Face-to-face interactions occur less frequently but still a majority, 77%, manage to visit someone outside their home at least once a week (Figure 22).

Figure 21. Northwest Region
Talk on the Telephone

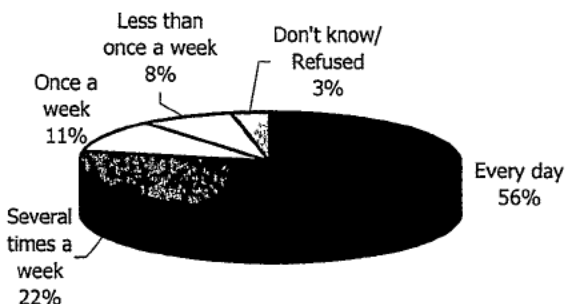
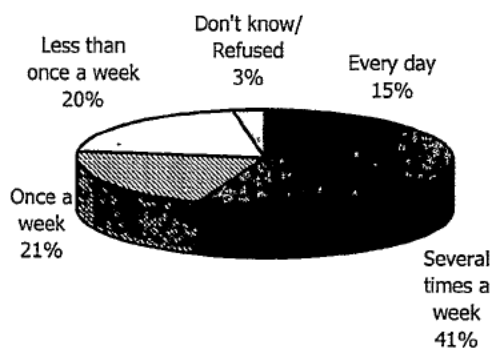


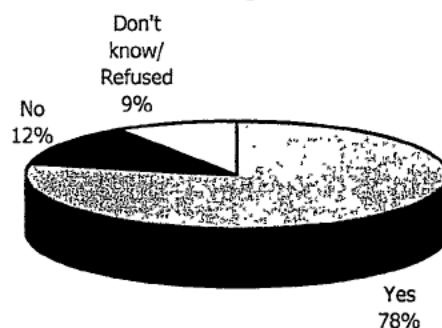
Figure 22. Northwest Region
Visit Someone



Caregiving

Twelve percent of older adults, an estimated 5,045 persons, report having no one who would care for them if they became sick or disabled (Figure 23). Understandably, older adults living by themselves are more likely than married seniors to feel they would not have a caregiver should they need one (Data Tables, pg. 34).

Figure 23. Northwest Region
Have a Potential Caregiver

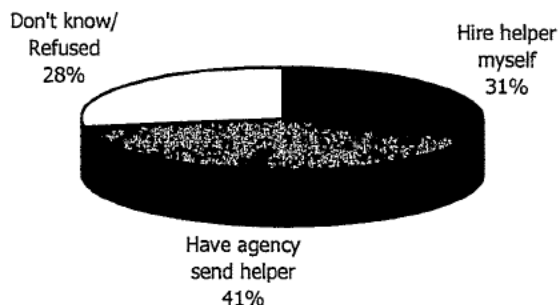


Traditionally, families have cared for older adults. Smaller family sizes, geographic mobility, increased number of women in the workforce and the increased longevity of older adults have been affecting the network of potential caregivers.¹ Family caregivers are an essential part of the health care economy. The estimated value of informal caregiving is an estimated \$196 billion.² With the shrinking number of potential caregivers, increases are likely in in-home care expenses as well as the institutionalization rate and subsequent nursing home care expenses.

For those who would have a caregiver, over two-thirds say the person would be able to care for them as long as needed. This person is most likely to be a child or spouse (Data Tables, pg. 34).

If seniors needed help at home, more would prefer an in-home agency send someone than hiring a helper themselves. Slightly over one-fourth do not know which option they would prefer (Figure 24).

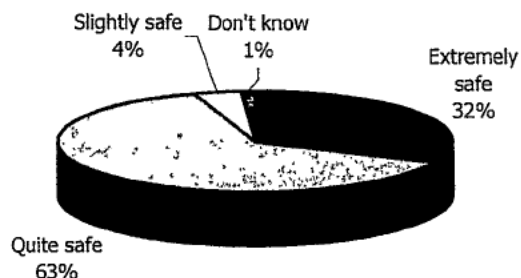
Figure 24. Northwest Region
Preference for In-Home Help



Housing & Neighborhood Safety

Around 83% of older adults own their home, 85% live in a house, and 86% have lived at their current residence for at least two years. Less than one percent are considering moving in the next year where they can get more help (Data Tables, pg. 35). The majority of seniors, 95%, consider their neighborhoods to be extremely or quite safe from crime (Figure 25).

Figure 25. Northwest Region
Neighborhood Safe from Crime



Discrimination

The majority of older adults have not been discriminated against in the past year because of their age (91%) or their race (95%). Of those who have experienced racial or ethnic discrimination, no persons report it prevented them from receiving needed services (Data Tables, pg. 35). A total of 2.7% of respondents didn't know or refused to answer if they had experienced racial or ethnic discrimination.

Abuse & Neglect

Only 4% of seniors are aware of older adults in their community who have been abused or neglected (Data Tables, pg. 35). Over one-third, 39%, are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

References

- ¹ Internet Information Note: Caregiving for the Elderly - National Aging Information Center; www.aoa.gov/naic/Notes/caregivingforelderly.html.
- ² Family Caregiver Alliance Fact Sheet: Selected Caregiver Statistics; www.caregiver.org/factsheets/caregiver_statsC.html.

Data Tables

Note: Population estimates are determined by applying the sample percentages to the age 60 and older population, excluding the age 65+, institutionalized population. Because the estimates are based on rounded sample percentages, they may not add to the total population.

Population of the Sample

Northwest Region	Percent
	100.0%
Age	
60-64	19.0%
65-69	21.3%
70-74	17.2%
75-79	22.9%
80-84	11.0%
85+	8.2%
Refused	0.5%
Sex	
Male	40.5%
Female	59.5%
Race	
White	98.8%
Black	0.7%
Other	0.2%
Don't know/Refused	0.2%
Hispanic	
Yes	2.0%
No	97.0%
Don't know/Refused	1.0%
Marital Status	
Married	67.1%
Widowed	25.4%
Divorced	4.7%
Never been married	2.8%
Household Size	
One	29.4%
Two	61.9%
Three	2.7%
Four or more	5.6%
Refused	0.5%
Living Arrangement	
Live alone	29.4%
Live with spouse	58.5%
Live with spouse/others	6.5%
Live with others	5.6%
Marital Status/ Living Arrangement	
Live alone	29.4%
Married, live with spouse	65.0%
Live with others	5.6%

Percent of Race by Age

Northwest Region	White	Other
ALL	98.8%	0.9%
Age		
60-64	100.0%	0.0%
65-74	99.7%	0.3%
75-84	97.1%	2.2%
85+	98.8%	1.2%
60-74	99.8%	0.2%
75+	97.5%	2.0%
Average Age	72.8	74.7

Percent of Marital Status/Living Arrangement by Age Groups, Sex and Race

Northwest Region	Live alone	Married	Live with others
ALL	29.4%	65.0%	5.6%
Age			
60-64	23.3%	72.2%	4.5%
65-74	23.0%	72.1%	4.8%
75-84	33.7%	59.1%	7.2%
85+	50.9%	43.4%	5.8%
60-74	23.1%	72.2%	4.7%
75+	37.1%	56.0%	6.9%
Average Age	75.3	70.6	73.4
Sex			
Male	15.9%	80.4%	3.7%
Female	38.5%	54.6%	6.9%
Race			
White	29.0%	65.4%	5.6%
Other	51.2%	43.5%	5.4%

Population of the Sample

Northwest Region	Percent
	100.0%
Education	
No school	0.0%
Grades 1 through 8	12.7%
Grades 9 through 11	9.4%
Grade 12 or GED	46.9%
College 1-3 years	18.3%
College degree or more	12.5%
Refused	0.2%
Employment Status	
Retired	73.4%
Employed for wages	11.6%
Homemaker	5.4%
Self-employed	4.3%
Unable to work	4.1%
Student	0.8%
Out of work	0.4%
Household Income	
Less than \$10,000	12.0%
\$10,000-\$14,999	8.9%
\$15,000-\$19,999	17.7%
\$20,000-\$24,999	10.1%
\$25,000-\$34,999	8.0%
\$35,000-\$49,999	9.9%
\$50,000-\$74,999	5.9%
\$75,000 or more	0.6%
Don't know	12.0%
Refused	14.9%

Percent of Educational Attainment by Age Groups, Sex and Race

Northwest Region	Less than High School	High School	More than High School
ALL	22.1%	46.9%	30.7%
Age			
60-74	18.8%	50.5%	30.7%
75+	27.0%	42.8%	30.2%
Average Age	73.4	72.0	73.0
Sex			
Male	24.9%	49.6%	25.5%
Female	20.3%	45.3%	34.4%
Race			
White	21.9%	47.3%	30.8%
Other	55.6%	33.6%	10.7%

Percent of Household Income by Age Groups, Sex and Race

Northwest Region	Less than \$10,000	\$10,000-\$24,999	\$25,000+	Don't know/Refused
ALL	12.0%	36.7%	24.4%	26.9%
Age				
60-74	10.9%	32.8%	28.2%	28.0%
75+	12.9%	42.5%	19.0%	25.7%
Average Age	73.7	70.7	68.5	72.1
Sex				
Male	8.4%	43.0%	30.6%	18.1%
Female	14.4%	32.4%	20.3%	32.9%
Race				
White	12.1%	36.1%	24.7%	27.1%
Other	0.0%	89.3%	0.0%	10.7%
Living Arrangement				
Live alone	23.7%	37.1%	13.9%	25.3%
Married	6.8%	37.2%	30.9%	25.1%
Live with others	10.9%	29.0%	4.3%	55.8%

Data Tables

Health Status

Northwest Region	Percent	Persons
	100.0%	41,366
Self-rated health (Q1)		
Excellent	10.9%	4,509
Very Good	25.9%	10,714
Good	24.8%	10,259
Fair	24.0%	9,928
Poor	14.4%	5,957
Excellent, Very Good, Good	61.6%	25,481
Fair, Poor	38.4%	15,885
Limited in activities because of any impairment/health problem (Q94)		
Yes	34.6%	14,313
No	65.4%	27,053
Major impairment/health problem (Q95)		
Heart problem	6.6%	2,730
Lung/breathing problem	5.5%	2,275
Walking problem	5.5%	2,275
Arthritis/Rheumatism	4.8%	1,986
Eye/vision problem	2.1%	869
Back/neck problem	1.2%	496
Fractures, bone/joint injury	1.2%	496
Stroke problem	1.0%	414
Other impairment/problem	6.0%	2,482
Have no impairment	65.4%	27,053
Don't know/Refused	0.6%	248
Have trouble learning, remembering, concentrating (Q96)		
Yes	11.9%	4,923
No	88.1%	36,443

Percent of Health Limitations by Selected Demographics

Northwest Region	Limited	Not Limited
ALL	34.6%	65.4%
Age		
60-74	25.7%	74.4%
75+	47.2%	52.8%
Average Age	75.2	71.8
Sex		
Male	43.8%	56.2%
Female	28.4%	71.6%
Race		
White	34.4%	65.6%
Other	30.3%	69.7%
Living Arrangement		
Live alone	34.3%	65.7%
Married	33.8%	66.2%
Live with others	46.0%	54.0%
Education		
< High School	45.2%	54.8%
High School	28.2%	71.8%
> High School	37.2%	62.8%
Income		
< \$10,000	44.2%	55.8%
\$10-\$24,999	44.5%	55.6%
\$25,000+	26.9%	73.1%
Don't know/Refused	23.9%	76.1%
Self-Rated Health		
Excellent	9.0%	91.0%
Very Good	13.1%	86.9%
Good	15.1%	84.9%
Fair	62.6%	37.4%
Poor	79.7%	20.3%

Health Status

Northwest Region	Percent	Persons	Northwest Region	Percent	Persons
	100.0%	41,366		100.0%	41,366
Days of poor physical health (Q2)			Days felt sad, blue or depressed (Q98)		
None	60.4%	24,985	None	79.4%	32,845
1-7 days/1 week	12.3%	5,088	1-7 days/1 week	9.3%	3,847
8-14 days/2 weeks	3.4%	1,406	8-14 days/2 weeks	3.1%	1,282
15-21 days/3 weeks	3.5%	1,448	15-21 days/3 weeks	2.5%	1,034
22-29 days/4 weeks	1.1%	455	22-29 days/4 weeks	0.0%	0
30 days/All month	15.5%	6,412	30 days/All month	3.3%	1,365
Don't know/Refused	3.8%	1,572	Don't know/Refused	2.3%	951
Days of poor mental health (Q3)			Days felt worried, tense or anxious (Q99)		
None	83.7%	34,623	None	73.2%	30,280
1-7 days/1 week	6.7%	2,772	1-7 days/1 week	13.7%	5,667
8-14 days/2 weeks	1.7%	703	8-14 days/2 weeks	2.1%	869
15-21 days/3 weeks	1.3%	538	15-21 days/3 weeks	2.0%	827
22-29 days/4 weeks	0.0%	0	22-29 days/4 weeks	0.0%	0
30 days/All month	3.4%	1,406	30 days/All month	4.3%	1,779
Don't know/Refused	3.2%	1,324	Don't know/Refused	4.8%	1,986
Days poor physical/mental health limited activities (Q4)			Days did not get enough rest or sleep (Q100)		
None	79.7%	32,969	None	67.7%	28,005
1-7 days/1 week	4.3%	1,779	1-7 days/1 week	13.8%	5,709
8-14 days/2 weeks	2.3%	951	8-14 days/2 weeks	4.2%	1,737
15-21 days/3 weeks	2.8%	1,158	15-21 days/3 weeks	4.2%	1,737
22-29 days/4 weeks	0.0%	0	22-29 days/4 weeks	0.0%	0
30 days/All month	9.7%	4,013	30 days/All month	5.1%	2,110
Don't know/Refused	1.3%	538	Don't know/Refused	5.0%	2,068
Days where pain made it hard to do activities (Q97)			Days felt very healthy & full of energy (Q101)		
None	76.8%	31,769	None	19.8%	8,190
1-7 days/1 week	6.9%	2,854	1-7 days/1 week	10.8%	4,468
8-14 days/2 weeks	3.2%	1,324	8-14 days/2 weeks	3.9%	1,613
15-21 days/3 weeks	2.9%	1,200	15-21 days/3 weeks	11.6%	4,798
22-29 days/4 weeks	0.0%	0	22-29 days/4 weeks	8.1%	3,351
30 days/All month	7.9%	3,268	30 days/All month	36.5%	15,099
Don't know/Refused	2.3%	951	Don't know/Refused	9.3%	3,847

Data Tables

Health Status

Northwest Region	Percent	Persons
	100.0%	41,366
Participate in physical activities/exercise (Q123)		
Yes	53.9%	22,296
No	44.7%	18,491
Don't know/Refused	1.3%	538
Type of physical activity/exercise (Q124)		
Walking	33.9%	14,023
Gardening	7.6%	3,144
Golf	2.6%	1,076
Home/Health Club exercise	2.0%	827
Mowing lawn	1.7%	703
Biking (pleasure)	1.0%	414
Dance-Aerobics	0.7%	290
Hunting	0.4%	165
Other	4.0%	1,655
None	46.0%	19,028
Distance usually walk/run (Q125)		
Do not walk/run/jog	65.8%	27,219
Less than 1 mile	9.4%	3,888
1 mile	10.6%	4,385
1.1-1.5 miles	1.4%	579
1.6-2.0 miles	6.3%	2,606
2.1-3.0 miles	1.0%	414
3.1-6.0 miles	1.0%	414
Don't know/Refused	4.5%	1,861
Frequency of physical activity/exercise (Q126)		
Do not participate	46.0%	19,028
Every day	12.5%	5,171
1-3 times a week	18.6%	7,694
4-6 times a week	18.9%	7,818
1-4 times a month	1.8%	745
Don't know/Refused	2.1%	869

Northwest Region	Percent	Persons
	100.0%	41,366
Duration of physical activity (Q127)		
Do not participate	46.0%	19,028
20 minutes or less	8.5%	3,516
21-30 minutes	17.5%	7,239
31-60 minutes	14.4%	5,957
1-2 hours	3.7%	1,531
More than 2 hours	5.7%	2,358
Don't know/Refused	4.2%	1,737
Flu shot in past year (Q91)		
Yes	63.5%	26,267
No	36.5%	15,099
Where received flu shot (Q92)		
A doctor's office or HMO	38.2%	15,802
Another type of clinic	7.0%	2,896
A health department	5.7%	2,358
Senior, rec/community center	5.3%	2,192
Workplace	2.5%	1,034
Hospital/emergency room	0.8%	331
A store	0.5%	207
Other	3.1%	1,282
Don't know/Refused	0.5%	207
Did not get a flu shot	36.5%	15,099
Had pneumonia vaccination (Q93)		
Yes	47.7%	19,732
No	50.2%	20,766
Don't know/Refused	2.1%	869

Functional Status: Activities of Daily Living

(Q5-Q33, Q46-Q49)	<i>EATING</i>		<i>BATHING</i>		<i>DRESSING/ GROOMING</i>		<i>TOILETING</i>	
<i>Northwest Region</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>
	100.0%	41,366	100.0%	41,366	100.0%	41,366	100.0%	41,366
Need help to do								
Without help	99.2%	41,035	93.1%	38,512	97.4%	40,290	98.6%	40,787
With help	0.8%	331	6.9%	2,854	2.6%	1,076	1.4%	579
Who helps								
No one	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Professional	0.0%	0	1.8%	745	0.0%	0	0.2%	83
Spouse	0.8%	331	4.4%	1,820	2.1%	869	1.0%	414
Other family member	0.0%	0	0.7%	290	0.5%	207	0.0%	0
Non-relative	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Other	0.0%	0	0.0%	0	0.0%	0	0.2%	83
Do not need help	99.2%	41,035	93.1%	38,512	97.4%	40,290	98.6%	40,787
Enough help								
All/Most of the time	0.8%	331	6.0%	2,482	2.2%	910	1.2%	496
Some of the time/Seldom	0.0%	0	0.9%	372	0.4%	165	0.0%	0
Never	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Don't know/Refused	0.0%	0	0.0%	0	0.0%	0	0.2%	83
Have no help	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Do not need help	99.2%	41,035	93.1%	38,512	97.4%	40,290	98.6%	40,787

	<i>GETTING IN/OUT OF BED</i>		<i>WALKING</i>		<i>GETTING AROUND HOUSE</i>		<i>GETTING OUTDOORS</i>	
<i>Northwest Region</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>	<i>Percent</i>	<i>Persons</i>
	100.0%	41,366	100.0%	41,366	100.0%	41,366	100.0%	41,366
Need help to do								
Without help	98.6%	40,787	88.2%	36,485	97.3%	40,249	94.8%	39,215
With help	1.4%	579	11.8%	4,881	2.7%	1,117	5.2%	2,151
Who helps								
No one	0.0%	0	3.6%	1,489	0.0%	0	0.0%	0
Professional	0.0%	0	0.2%	83	0.0%	0	0.1%	41
Spouse	1.0%	414	0.4%	165	0.4%	165	1.4%	579
Other family member	0.5%	207	0.2%	83	1.0%	414	2.3%	951
Non-relative	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Other	0.0%	0	7.3%	3,020	1.3%	538	1.5%	620
Do not need help	98.6%	40,787	88.2%	36,485	97.3%	40,249	94.8%	39,215
Enough help								
All/Most of the time	1.4%	579	7.7%	3,185	2.7%	1,117	5.2%	2,151
Some of the time/Seldom	0.0%	0	0.5%	207	0.0%	0	0.0%	0
Never	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Have no help	0.0%	0	3.6%	1,489	0.0%	0	0.0%	0
Do not need help	98.6%	40,787	88.2%	36,485	97.3%	40,249	94.8%	39,215

Data Tables

Functional Status: Instrumental Activities of Daily Living (IADLs)

(Q34-Q45, Q50-Q65)	NORMAL HOUSEWORK		HEAVY CLEANING		USING THE TELEPHONE		SHOPPING	
Northwest Region	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	41,366	100.0%	41,366	100.0%	41,366	100.0%	41,366
Need help to do								
Without help	90.2%	37,312	65.3%	27,012	98.5%	40,746	84.1%	34,789
With help	9.8%	4,054	34.7%	14,354	1.5%	620	15.9%	6,577
Who helps								
No one	0.0%	0	1.2%	496	0.0%	0	0.0%	0
Professional	1.6%	662	4.7%	1,944	0.0%	0	0.3%	124
Spouse	3.7%	1,531	9.8%	4,054	0.7%	290	8.7%	3,599
Other family member	2.6%	1,076	9.9%	4,095	0.7%	290	6.6%	2,730
Non-relative	1.6%	662	7.1%	2,937	0.0%	0	0.2%	83
Other	0.2%	83	1.9%	786	0.0%	0	0.0%	0
Do not need help	90.2%	37,312	65.3%	27,012	98.5%	40,746	84.1%	34,789
Enough help								
All/Most of the time	9.5%	3,930	25.1%	10,383	1.5%	620	15.1%	6,246
Some of the time/Seldom	0.2%	83	6.7%	2,772	0.0%	0	0.7%	290
Never	0.0%	0	1.4%	579	0.0%	0	0.0%	0
Don't know/Refused	0.0%	0	0.2%	83	0.0%	0	0.0%	0
Have no help	0.0%	0	1.2%	496	0.0%	0	0.0%	0
Do not need help	90.2%	37,312	65.3%	27,012	98.5%	40,746	84.1%	34,789

	PREPARING MEALS		TAKING MEDICATIONS		MANAGING MONEY	
Northwest Region	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	41,366	100.0%	41,366	100.0%	41,366
Need help to do						
Without help	94.0%	38,884	96.2%	39,794	95.2%	39,380
With help	6.0%	2,482	3.8%	1,572	4.8%	1,986
Who helps						
No one	0.2%	83	0.0%	0	0.0%	0
Professional	0.5%	207	0.0%	0	0.0%	0
Spouse	2.7%	1,117	0.0%	0	2.5%	1,034
Other family member	2.4%	993	0.4%	165	2.3%	951
Non-relative	0.0%	0	0.0%	0	0.0%	0
Other	0.2%	83	0.0%	0	0.0%	0
Do not need help	94.0%	38,884	96.2%	39,794	95.2%	39,380
Not asked	NA	NA	3.4%	1,406	NA	NA
Enough help						
All/Most of the time	5.8%	2,399	0.4%	165	4.8%	1,986
Some of the time/Seldom	0.0%	0	0.0%	0	0.0%	0
Never	0.0%	0	0.0%	0	0.0%	0
Have no help	0.2%	83	0.0%	0	0.0%	0
Do not need help	94.0%	38,884	96.2%	39,794	95.2%	39,380
Not asked	NA	NA	3.4%	1,406	NA	NA

Data Tables

Northwest Region	Percent	Persons
	100.0%	41,366
Talk to about getting help with personal care (Q66)		
Spouse	23.3%	9,638
Child/Family	23.0%	9,514
Physician	14.9%	6,164
Social service agency	9.9%	4,095
Other relative	3.2%	1,324
Friend/Neighbor	1.9%	786
Other	6.9%	2,854
No one else, decide by myself	1.0%	414
Does not need assistance	0.9%	372
Don't know/Refused	14.9%	6,164
Talk to about getting help with day-to-day activities (Q67)		
Spouse	22.2%	9,183
Child/Family	25.6%	10,590
Social service agency	10.5%	4,343
Physician	5.9%	2,441
Other Relative	3.4%	1,406
Friend/Neighbor	4.8%	1,986
Clergy/Minister/Priest/Rabbi	0.5%	207
Other	9.0%	3,723
No one else, decide by myself	1.3%	538
Does not need assistance	2.2%	910
Don't know/Refused	14.6%	6,039
Agency would contact about aging services in community (Q88)		
MO Division of Senior Services	13.1%	5,419
Local Senior Center	12.7%	5,253
MO Div of Family Services	5.9%	2,441
Area Agency on Aging	5.6%	2,316
MO Dept of Health	1.0%	414
Other	17.7%	7,322
Don't know	44.2%	18,284
Aware of toll-free number for information and referral (Q89)		
Yes	26.9%	11,127
No	71.3%	29,494
Don't know	1.8%	745

Northwest Region	Percent	Persons
	100.0%	41,366
Home-delivered meals available in community (Q68)		
Yes	77.0%	31,852
No	8.8%	3,640
Don't know/Refused	14.2%	5,874
Need/Receiving home-delivered meals (Q69-Q70)		
Need it & am not receiving it	1.2%	496
Need it & am receiving it	2.3%	951
Not need it but am receiving	2.4%	993
Do not need this service	94.1%	38,925
Why not receiving home-delivered meals (Q71)		
Don't like service provided	0.7%	290
Don't know	0.5%	207
Am receiving service	4.7%	1,944
Do not need service	94.1%	38,925
Provide with enough meals (Q72)		
Yes	2.3%	951
No	0.0%	0
Do not need service	96.5%	39,918
Concerned about having enough food (Q142)		
Yes	3.1%	1,282
No	94.7%	39,174
Don't know/Refused	2.2%	910

Service Awareness and Use

Data Tables

Service Awareness and Use

Percent Aware of, Receiving & Needing
Home-Delivered Meals by Selected Demographics

Northwest Region	Aware	Receiving	Unmet Need
All	77.0%	4.7%	1.2%
Age			
60-74	80.7%	2.0%	0.8%
75+	71.7%	8.4%	1.8%
Average Age	72.4	75.6	82.3
Sex			
Male	71.0%	3.7%	1.9%
Female	81.1%	5.3%	0.8%
Race			
White	77.2%	4.7%	1.2%
Other	56.6%	0.0%	0.0%
Income			
< \$10,000	67.7%	15.8%	4.0%
\$10-\$24,999	70.3%	3.0%	0.0%
\$25,000+	87.0%	2.5%	3.1%
Don't know/Refused	81.3%	3.9%	0.0%
Living Arrangement			
Live alone	85.7%	11.7%	0.0%
Married	73.6%	1.2%	1.9%
Live with others	71.0%	8.5%	0.0%

Northwest Region	Percent	Persons
	100.0%	41,366
Senior center in community (Q73)		
Yes	84.1%	34,789
No	9.4%	3,888
Don't know/Refused	6.6%	2,730
Go to a Senior Center (Q74)		
Yes	17.1%	7,074
No	82.9%	34,292
Why not go to a Senior Center (Q75)		
Don't need services offered	31.2%	12,906
Not available	16.0%	6,619
Not interested in services	13.8%	5,709
Not convenient	2.3%	951
No transportation	1.9%	786
Not old enough to go	1.5%	620
Don't feel welcome/belong	0.2%	83
Other	13.1%	5,419
Don't know	2.9%	1,200
I go to a Senior Center	17.1%	7,074

Percent Aware Of & Go To Senior Center
by Selected Demographics

Northwest Region	Aware	Go To
ALL	84.1%	17.1%
Age		
60-74	82.8%	14.6%
75+	85.7%	20.2%
Average Age	72.7	75.5
Sex		
Male	74.7%	14.4%
Female	90.5%	19.0%
Race		
White	83.9%	16.9%
Other	94.6%	22.9%
Income		
< \$10,000	77.7%	28.8%
\$10-\$24,999	80.6%	14.1%
\$25,000+	90.0%	16.0%
Don't know/Refused	86.4%	17.1%
Living Arrangement		
Live alone	91.4%	25.7%
Married	82.5%	14.0%
Live with others	64.0%	8.5%

Service Awareness and Use

<i>Northwest Region</i>	Percent	Persons	<i>Northwest Region</i>	Percent	Persons
	100.0%	41,366		100.0%	41,366
Assistance filling out forms available in community (Q76)			How often lack of transportation a problem (Q80)		
Yes	47.0%	19,442	Always	1.4%	579
No	9.4%	3,888	Nearly always	0.5%	207
Don't know/Refused	43.7%	18,077	Sometimes	3.1%	1,282
Need/Receiving assistance with forms (Q77-Q78)			Seldom	5.4%	2,234
Need it & am not receiving it	0.8%	331	Never	89.1%	36,857
Need it & am receiving it	4.1%	1,696	Don't know/Refused	0.5%	207
Not need it but am receiving	3.4%	1,406	How often need to use public transportation (Q81)		
Do not need this service	38.7%	16,009	Always	0.5%	207
Not asked	53.0%	21,924	Nearly always	0.7%	290
Why not receiving assistance with forms (Q79)			Sometimes	2.8%	1,158
Other	0.8%	331	Seldom	9.9%	4,095
Receiving assistance with forms	7.5%	3,102	Never	86.1%	35,616
Don't need service	38.7%	16,009	Public transportation system available (Q82)		
Not asked	53.0%	21,924	Yes	36.2%	14,974
			No	57.0%	23,579
			Don't know	6.8%	2,813
			Public transportation meet all transportation needs (Q83)		
			Yes	5.7%	2,358
			No	0.3%	124
			Don't use public transportation	93.0%	38,470
			Don't know/Refused	1.0%	414
			Why public transportation doesn't meet all needs (Q84)		
			Physically unable to get to	0.2%	83
			Use public trans/meets needs	5.7%	2,358
			Don't use public transportation	93.0%	38,470
			Don't know/Refused	1.0%	414

Percent Receiving & Needing Assistance Filling Out Forms by Selected Demographics

<i>Northwest Region</i>	Avail-able	Receiving	Unmet Need
ALL	47.0%	15.8%	1.7%
Age			
60-74	43.7%	10.6%	0.0%
75+	51.4%	22.1%	3.8%
Average Age	73.3	76.3	79.2
Sex			
Male	47.2%	17.7%	0.0%
Female	46.8%	14.6%	2.9%
Race			
White	47.2%	15.9%	1.5%
Other	33.6%	0.0%	31.9%
Income			
< \$10,000	48.4%	23.5%	0.0%
\$10-\$24,999	50.2%	11.9%	3.9%
\$25,000+	51.4%	12.6%	0.0%
Don't know/Refused	37.9%	22.7%	1.0%
Living Arrangement			
Live alone	50.5%	23.7%	1.6%
Married	45.1%	10.0%	2.0%
Live with others	50.0%	35.2%	0.0%

*Note: Percentages for **Receiving** & **Unmet Need** are based on those who were asked the question.*

Data Tables

Service Awareness and Use

Percent For Whom Lack of Transportation is a Problem Always, Nearly Always or Sometimes by Selected Demographics

Northwest Region	Lack of transportation is a problem
ALL	5.0%
Age	
60-74	4.2%
75+	6.1%
Average Age	74.1
Sex	
Male	0.9%
Female	7.8%
Race	
White	5.1%
Other	0.0%
Income	
< \$10,000	19.9%
\$10-\$24,999	3.9%
\$25,000+	2.0%
Don't know/Refused	2.7%
Living Arrangement	
Live alone	8.0%
Married	4.1%
Live with others	0.0%

Northwest Region	Percent	Persons
Transportation service available where can call in advance (Q85)	100.0%	41,366
Yes	76.8%	31,769
No	9.6%	3,971
Don't know	13.6%	5,626
Transportation service meet all transportation needs (Q86)		
Yes	10.6%	4,385
No	1.4%	579
Don't use a service	87.1%	36,030
Don't know	1.0%	414
Why transportation service doesn't meet all needs (Q87)		
Destination outside service area	0.2%	83
Other	1.1%	455
Use service & meets my needs	10.6%	4,385
Don't use service	87.1%	36,030
Don't know	1.0%	414
Need a daily check by someone (Q138-Q139)		
Need it & am not receiving it	0.2%	83
Need it & am receiving it	4.4%	1,820
Do not need this service	92.6%	38,305
Don't know/Refused	2.7%	1,117

Percent Receiving & Needing a Daily Check by Selected Demographics

Northwest Region	Receive	Unmet Need
ALL	4.4%	0.2%
Age		
60-74	3.5%	0.0%
75+	5.8%	0.6%
Average Age	73.9	79.0
Sex		
Male	6.5%	0.0%
Female	3.0%	0.4%
Race		
White	4.4%	0.2%
Other	5.4%	0.0%
Income		
< \$10,000	10.3%	0.0%
\$10-\$24,999	2.8%	0.0%
\$25,000+	5.0%	1.0%
Don't know/Refused	3.5%	0.0%
Living Arrangement		
Live alone	9.5%	0.8%
Married	1.7%	0.0%
Live with others	9.4%	0.0%

Health Care

<i>Northwest Region</i>	Percent	Persons	<i>Northwest Region</i>	Percent	Persons
	100.0%	41,366		100.0%	41,366
Health coverage use to pay for most of medical care (Q117-120)			Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicaid (Q122c)		
Medicare	82.0%	33,920	Yes	0.2%	83
Through your employer	6.9%	2,854	No	98.3%	40,663
Through someone else's employer	3.9%	1,613	Don't know/Refused	1.5%	620
A plan that you buy on your own	3.0%	1,241	Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicare (Q122d)		
Some other source	0.6%	248	Yes	1.9%	786
Military, CHAMPUS, TriCare	1.6%	662	No	95.9%	39,670
Medicaid or Medical Assistance	1.0%	414	Don't know/Refused	2.2%	910
None	1.1%	455	Time during the last 12 months when needed to see a doctor but could not because of limited hours/days service is available (Q122e)		
Time during the last 12 months when needed to see a doctor but could not because of the cost (Q121)			Yes	3.4%	1,406
Yes	6.7%	2,772	No	95.7%	39,587
No	93.3%	38,594	Don't know/Refused	1.0%	414
Don't know/Refused	0.0%	0	Time during the last 12 months when needed to see a doctor but could not take time off work (Q122f)		
Time during the last 12 months when needed to see a doctor but could not because of the lack of transportation (Q122a)			Yes	1.6%	662
Yes	1.1%	455	No	98.0%	40,539
No	98.5%	40,746	Don't know/Refused	0.4%	165
Don't know/Refused	0.4%	165	Time during the last 12 months when needed to see a doctor but could not because of other reasons (Q122g)		
Time during the last 12 months when needed to see a doctor but could not because could not get an appointment (Q122b)			Yes	0.3%	124
Yes	3.4%	1,406	No	99.3%	41,076
No	96.2%	39,794	Don't know/Refused	0.4%	165
Don't know/Refused	0.4%	165			

Health Care Coverage by Age Groups, Race and Income

<i>Northwest Region</i>	Medicare	Through Employer	Other	Have no coverage
ALL	82.0%	10.8%	6.1%	1.1%
Age				
60-74	71.7%	18.0%	8.4%	1.9%
75+	95.9%	1.2%	2.9%	0.0%
Race				
White	81.8%	11.0%	6.1%	1.1%
Other	100.0%	0.0%	0.0%	0.0%
Income				
< \$10,000	88.0%	2.0%	8.1%	2.0%
\$10,000+	77.8%	14.5%	6.3%	1.4%
Don't know/Refused	88.9%	6.3%	4.8%	0.0%

Data Tables

Social Support

Northwest Region	Percent	Persons
	100.0%	41,366
Talk on the telephone (Q132)		
Every day	55.9%	23,124
Several times a week	22.2%	9,183
Once a week	10.5%	4,343
Less than once a week	5.4%	2,234
Almost never	2.6%	1,076
Don't know/Refused	3.4%	1,406
Visit someone who does not live with you (Q133)		
Every day	14.6%	6,039
Several times a week	41.4%	17,126
Once a week	20.8%	8,604
Less than once a week	14.6%	6,039
Almost never	5.8%	2,399
Don't know/Refused	2.9%	1,200
Number of close friends who would help with emotional problems (Q134)		
None	8.4%	3,475
One	3.5%	1,448
Two	8.1%	3,351
Three or more	66.3%	27,426
Don't know/Refused	13.6%	5,626
Someone who would care for you (Q135)		
Yes	78.3%	32,390
No	12.2%	5,047
Don't know/Refused	9.5%	3,930
Length of time could provide care (Q136)		
No one to care for me	12.2%	5,047
As long as needed	54.1%	22,379
Only for a short time	10.9%	4,509
Only now and again	4.1%	1,696
Don't know/Refused	18.7%	7,735
Relationship to caregiver (Q137)		
No one to care for me	12.2%	5,047
Spouse	28.8%	11,913
Child	30.9%	12,782
Grandchild	0.7%	290
Other relative	4.8%	1,986
Friend/Neighbor	2.6%	1,076
Other	1.2%	496
Not asked	18.7%	7,735

Northwest Region	Percent	Persons
	100.0%	41,366
Other(s) in household limited by impairment/health problem (Q140)		
Yes	21.3%	8,811
No	48.5%	20,063
No others in household	29.1%	12,038
Refused	1.1%	455
Caregiver for another person (Q141)		
Yes	11.3%	4,674
No	58.3%	24,116
No others in household	29.1%	12,038
Refused	1.3%	538
Preference if needed help at home (Q143)		
In-home service agency	40.7%	16,836
Find and hire by oneself	31.3%	12,948
Don't know/Refused	28.0%	11,582

Percent with No Possible Caregiver

Northwest Region	No Caregiver
ALL	12.2%
Age	
60-74	9.7%
75+	15.8%
Sex	
Male	8.3%
Female	15.0%
Race	
White	12.1%
Other	10.7%
Income	
Less than \$10,000	21.9%
\$10,000+	10.9%
Fair or Poor Health	
Yes	13.8%
No	11.3%
Functionally Limited	
Yes	15.4%
No	10.2%
Living Arrangement	
Alone	20.4%
Married with Others	9.0%
With Others	8.5%

Social Support

<i>Northwest Region</i>	Percent	Persons	<i>Northwest Region</i>	Percent	Persons
	100.0%	41,366		100.0%	41,366
Own or rent (Q129)			Discriminated against because of age (Q145)		
Own	82.9%	34,292	Most of the time	1.1%	455
Rent	14.1%	5,833	Some of the time	3.2%	1,324
Other	2.2%	910	Seldom	2.2%	910
Don't know/Refused	0.9%	372	Never	90.9%	37,602
Type of housing (Q130)			Don't know/Refused	2.7%	1,117
House	85.1%	35,202	Discriminated against because of race (Q146)		
Apartment	6.4%	2,647	Most of the time	0.0%	0
Mobile home	4.7%	1,944	Some of the time	0.4%	165
Condo	0.2%	83	Seldom	1.0%	414
Duplex	1.4%	579	Never	94.8%	39,215
Retirement home	0.2%	83	Don't know/Refused	3.8%	1,572
Other	1.0%	414	Racial or ethnic discrimination prevented receipt of needed services (Q147)		
Refused	0.9%	372	Yes	0.0%	0
Time lived at current residence (Q131)			No	1.4%	579
1-5 months	2.8%	1,158	No discrimination	98.6%	40,787
6-11 months	2.7%	1,117	Know of elder abuse/neglect in community (Q148)		
12-23 months	7.7%	3,185	Yes	3.6%	1,489
2 or more years	85.7%	35,451	No	93.3%	38,594
Refused	1.1%	455	Don't know/Refused	3.1%	1,282
Considering moving to a place where can get more help (Q144)			Kind of abuse/neglect (Q149) (More than one response accepted)		
Within the next six months	0.3%	124	Physical	2.4%	993
Within one year	0.7%	290	Emotional	3.1%	1,282
In one or two years	1.0%	414	Financial	1.5%	620
Sometime in the future	12.3%	5,088	Do not know of any abuse	96.4%	39,877
Not considering moving	82.3%	34,044	Aware of abuse/neglect hotline (Q90)		
Don't know/Refused	3.4%	1,406	Yes	39.3%	16,257
Neighborhood safe from crime (Q128)			No	59.6%	24,654
Extremely safe	31.9%	13,196	Don't know/Refused	1.1%	455
Quite safe	63.3%	26,185			
Slightly safe	3.8%	1,572			
Not at all safe	0.0%	0			
Don't know/Refused	1.1%	455			

Contacts

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**2000 Missouri Older Adult Needs Assessment
Northeast Region**

**Missouri Area Agencies on Aging
Missouri Department of Health and Senior Services**

March 2003

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Population

- As the "baby boom" generation begins to gray, the older population is expected to double in the United States over the next 30 years.
- Missouri's age 65 and older population has increased 5% from 1990 to 2000; the 85+ age group increased 21%. While the state has experienced an overall increase in the older population, the Northeast region has seen a drop of 8% in their age 65 and older population, and a 9% decrease in the age 85+ group.
- The age of seniors surveyed ranges in years from 60 to 94, with an average of 71 years. Women are on average older than men, reflecting the longer life expectancy of females.
- Marital status and living arrangement are closely linked to an older adult's income, health status and the availability of caregivers. Marital status and living arrangement vary among age and sex. As age increases, the number of seniors living alone significantly increases. Men are more likely than women to be married at every age level.
- Household income decreases as age increases. Women are more likely than men to report incomes under \$10,000, a function of a women's lifelong economic dependency on her spouse and her greater likelihood of widowhood.

Health Status

- Self-rated health is a simple but informative summary measure of health. Almost two-thirds of seniors assess their health as good, very good or excellent; 37% feel their health to be fair or poor.
- Self-rated health differs by socioeconomic indicators. The more education received, and the higher the reported income, the better the health rating.

- One-third of seniors are limited in activities because of an impairment or health problem. Women more than men, and seniors living with someone other than a spouse are more likely to report limiting health problems.

Functional Status

- Functional limitation and whether a person receives assistance serve as key indicators of an older person's ability to live independently and remain in the community. Over one-third, 38%, need help in performing one or more everyday activities. As age increases, functional limitations increase. Women are more likely to need help, reflecting the older average age of females.
- The majority of seniors are receiving the necessary help with their everyday activities, most often aided by family members. Yet, 12% are not getting the help or need more help. Walking is the most likely activity of daily living (ADL) where assistance is not being received. Heavy house cleaning is the instrumental activity of daily living (IADL) need that most often goes unmet.

Service Awareness and Use

- Most seniors will talk with their families when they need someone to help with their personal care or day-to-day activities. There is a substantial number of elders though who do not know who they would speak with when they need help.
- Seventeen percent of older adults would contact the Division of Senior Services, and 13% the Division of Family Services, to find out about aging services in their community; 38% do not know which agency to contact. One-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services.

Highlights

- The majority of seniors, 79%, are aware of home-delivered meals; 9% report receiving either home delivered meals or meals on wheels. One percent feel they need meals but are not having them delivered, or believe the service they are receiving does not provide them with enough meals.
- Most older adults, 79%, know of a senior center in their community where they can go to eat meals and participate in activities. One-fourth of older adults visit a center in their community.
- Assistance filling out Medicare, insurance or other forms is thought to be available in the community by half of seniors. Thirteen percent report receiving this help; another 3% could use help.
- Lack of transportation is a problem for 8% of older adults. Women more often than men, and those living alone more than married seniors find lack of transportation a problem.
- Two percent of seniors report needing to use a public transportation system, and for most using public transportation, it meets all their needs.
- Eighty percent are aware of a transportation service where you can call in advance. Ten percent report using this service, and for most it meets all their transportation needs.
- Over 90% of elders do not need a daily check by someone to be sure they are okay. Three percent receive such a check; less than 1% feel they need it but are not getting it.

Health Care

- Medicare is the most common health care coverage for those age 65 and older. The youngest old, 60 to 64, are most likely to be covered by their own or someone else's employer.
- Three percent, or an estimated 1,370 seniors, report not having health insurance, with the ma-

jority of them under age 65.

- Cost, limited service times, and not being able to get an appointment are the most often cited reasons for not being able to see a doctor when needed.

Social Support

- Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. Most seniors talk on the telephone at least weekly. Face-to-face interactions occur less frequently but still 84% manage to visit someone outside their home at least once a week.
- Twelve percent of older adults, or an estimated 5,850 persons, have no one who would care for them if they became sick or disabled. For those who have a potential caregiver, it is most likely to be a family member and someone who is able to care for them as long as needed.
- Around 80% of older adults own their home, 82% live in a house and 93% have lived at their current residence for two years or more. The majority, 90%, consider their neighborhoods to be extremely or quite safe from crime.
- Most older adults have never been discriminated against in the past year because of their age (89%) or their race (96%).
- Only 3.5% of seniors are aware of older adults in their community who have been abused or neglected. Over one-third, 39%, are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

Since 1900 the percentage of Americans age 65 and older has more than tripled. The older population will continue to grow significantly and is expected to double over the next 30 years as the "baby boom" generation begins to "gray".¹ The fastest growing segment of the older population is the group 85 years old and older.

Missouri's age 65 and older population has increased 5% from 1990 to 2000. Consistent with the nation, Missouri's 85+ age population has had the greatest rate of growth among age cohorts in the state, increasing 21% over the last 10 years.² While the state has seen an overall increase in the older population, the Northeast region (see pg. 5) experienced a decrease of 8% in the age 65 and over population, and a 9% drop in the 85+ age group.³

In America, and in Missouri as well, one can expect to spend a significant number of years in old age. Quality of life in later years is directly influenced by an older person's health and level of physical and cognitive functioning. Good health, the ability to live independently in the community and affordable health care are concerns not only for the older person but for society as a whole. Younger persons who care for their aging relatives face financial and emotional challenges. For society, the financing of health care services for seniors is a significant outlay of resources.⁴

In order to effectively address the needs of the older population in Missouri, quality data are needed for assessing functional status, health behaviors and needed assistance. The Missouri Department of Health and Senior Services (formerly the Department of Health and the Division of Aging within the Department of Social Services) and the ten Missouri Area Agencies on Aging (AAA) have conducted a statewide study of older adults, 60 years of age or older, and have targeted minority populations. Analysis of this information will serve as a foundation for program policies to address the needs of this growing population and to improve the quality of life for Missouri's seniors.

Survey Design and Administration

The Missouri Department of Health and Senior Services (DHSS), Division of Chronic Disease Prevention and Health Promotion (CDPHP) designed the needs assessment study, developed the survey questionnaire and conducted the telephone interviews. There were two phases to the study. The first phase sampled the entire state. The second phase targeted minority populations in metro Kansas City, metro St. Louis and the Bootheel region.

The statewide study was designed to provide statewide representation of the population age 60 and older. A disproportionate stratified random sample was used, stratifying by regions that roughly correspond to DHSS districts. This report covers the Northeast region (See Sampling Regions, pg. 5).

Trained interviewers from the CDPHP placed the calls and interviewed only respondents age 60 or older. Proxy respondents were allowed if the respondent was unable to speak on the telephone because of a hearing problem or physical disability. Interviewing occurred June 23, 2000 through March 8, 2001. A total of 2,757 surveys were completed for the statewide study; 281 surveys were conducted among seniors in the Northeast region.

Analysis

The CDPHP has applied the Behavioral Risk Factor Surveillance System (BRFSS) weighting formula to all data collected.⁵ Weighting allows for controlling all known sources of bias and a regional stratification adjustment and post-stratification weight to compensate for non-response and non-coverage of households without telephones. Upon weighting, sample proportions of selected demographic characteristics equal the estimated sample proportions of the population, and the sample size equals Missouri's age 60 and older, non-institutionalized population based on 1990 Census data.

To arrive at population estimates based on 2000 Census data, sample percentages have been ap-

Introduction

plied to the age 60 and older population obtained from the 2000 Census, excluding an estimate of the age 65+ institutionalized population. The institutionalized, age 65+ population from the 2000 Census is not yet available on a county level so an estimate of this population for the Northeast region has been determined using the following methodology. Statewide, 50% of the institutionalized population is age 65 or older; it has been assumed that 50% of the region's institutionalized population is also age 65 and older. Half of the institutionalized population has then been deducted from the age 65 and older population, with the resulting total added to the age 60-64 population to arrive at the regional estimate. This estimate has been used as the basis to provide further estimates of certain populations, as noted throughout the report and in the Data Tables section starting on page 22.

Chi-square tests and *t*-tests were conducted at the 95% confidence level to determine statistically significant differences. Where noted in the report, a significant difference means statistical significance at the 95% confidence level.

Report Organization

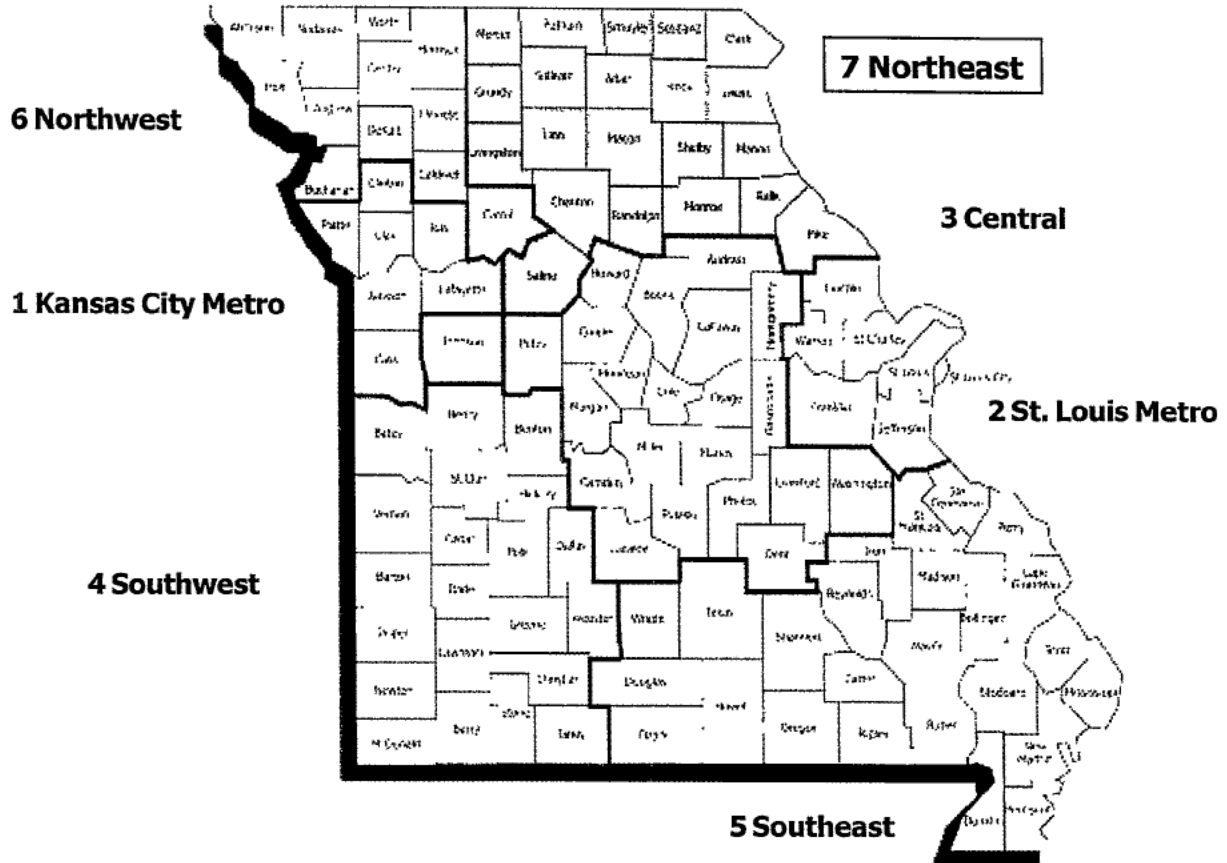
This report is a summary of the data collected from the statewide study for the Northeast region. The first section details selected demographic characteristics of the surveyed older population. The second section covers health status measures and health habits while section three presents measures of functional status. The fourth section explains awareness and usage of selected community aging services. Section five highlights health care coverage and the last section covers issues regarding social activity, caregiving, discrimination, abuse and neglect, and neighborhood safety. At the end of the report is a section of data tables that provides supporting data for the report and population estimates based on the 2000 U.S. Census non-institutionalized, age 60 and older population.

Population Estimate for the Northeast Region	
65+ population	43,880
- 50.283% of institutionalized population	4,490
Estimated 65+, non-institutionalized population	39,390
+ 60-64 population	11,475
Estimated 60+, non-institutionalized population	50,865

References

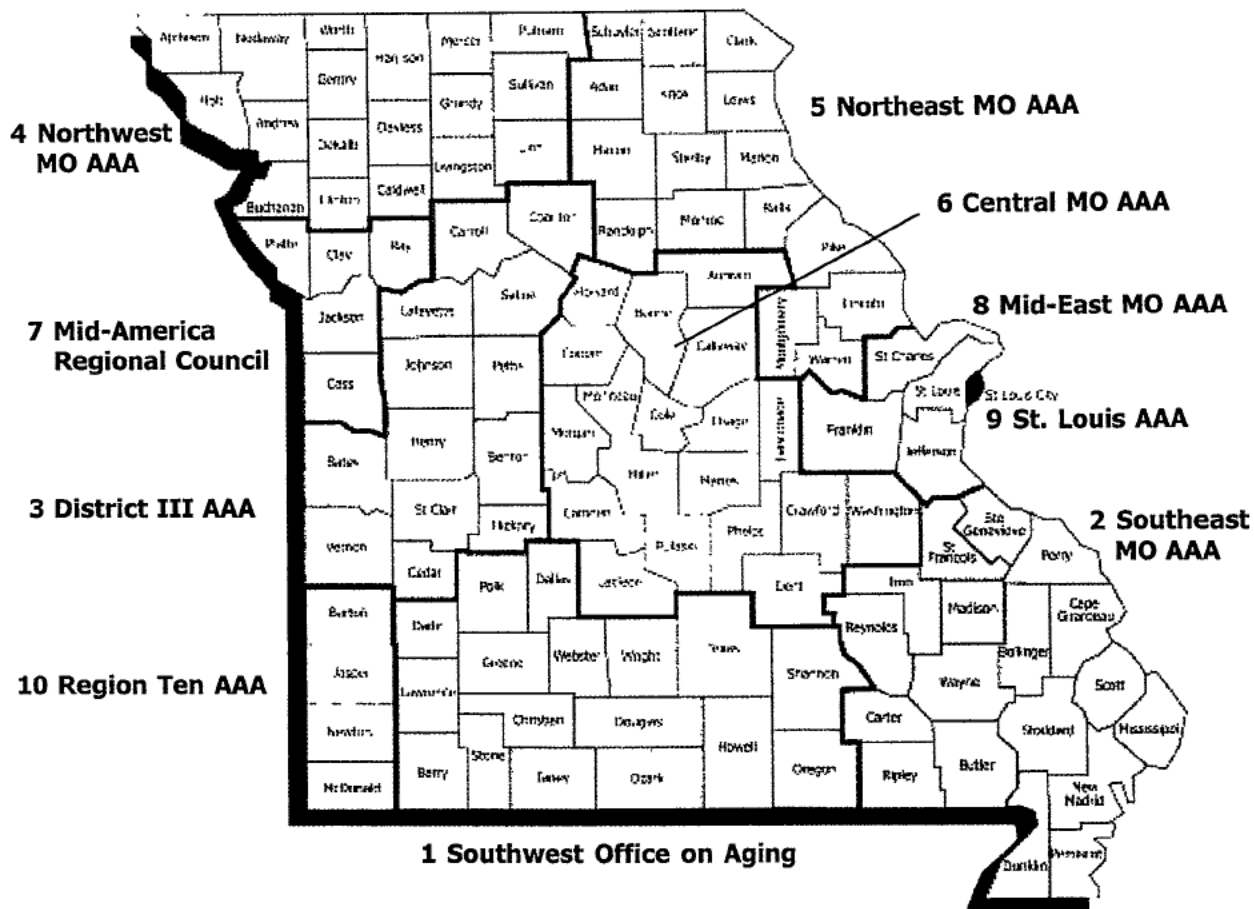
- ¹ A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services
- ² Regional Profiles, OSEDA-Office of Social and Economic Data Analysis, www.oseda.missouri.edu/regional_profiles/pchseniorpop_1990_2000.html
- ³ Basic Demographic Profile Trend Report 1990-2000, Missouri Census Data Center, www.mcdc.missouri.edu
- ⁴ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.
- ⁵ National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Factor Surveillance System, www.cdc.gov/nccdphp/brfss/, Frequently Asked Questions (FAQs)

Sampling Regions



- 1** Cass, Clay, Clinton, Jackson, Lafayette, Platte, Ray
- 2** Franklin, Jefferson, Lincoln, St. Louis City, St. Louis County, St. Charles, Warren
- 3** Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Montgomery, Morgan, Osage, Pettis, Phelps, Pulaski, Washington
- 4** Barry, Barton, Bates, Benton, Cedar, Christian, Dade, Dallas, Greene, Henry, Hickory, Jasper, Lawrence, McDonald, Newton, Polk, St. Clair, Stone, Taney, Vernon, Webster
- 5** Bollinger, Butler, Cape Girardeau, Carter, Douglas, Dunklin, Howell, Iron, Madison, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Reynolds, Ripley, Ste. Genevieve, St. Francois, Scott, Shannon, Stoddard, Texas, Wayne, Wright
- 6** Andrew, Atchison, Buchanan, Caldwell, Carroll, Daviess, DeKalb, Gentry, Harrison, Holt, Johnson, Nodaway, Worth
- 7** Adair, Chariton, Clark, Grundy, Knox, Lewis, Linn, Livingston, Macon, Marion, Mercer, Monroe, Pike, Putnam, Ralls, Randolph, Saline, Scotland, Schuyler, Shelby, Sullivan

Area Agency on Aging Regions



- 1 Barry, Christian, Dade, Dallas, Douglas, Greene, Howell, Lawrence, Oregon, Ozark, Polk, Shannon, Stone, Taney, Texas, Webster, Wright
- 2 Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Perry, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Stoddard, Wayne
- 3 Bates, Benton, Carroll, Cedar, Chariton, Henry, Hickory, Johnson, Lafayette, Pettis, Saline, St. Clair, Vernon
- 4 Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Putnam, Sullivan, Worth
- 5 Adair, Clark, Knox, Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Randolph, Schuyler, Scotland, Shelby, Warren
- 6 Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski, Washington
- 7 Cass, Clay, Jackson, Platte, Ray
- 8 Franklin, Jefferson, St. Charles, St. Louis
- 9 St. Louis City
- 10 Barton, Jasper, McDonald, Newton

Note: See pg. 36 for contact information.

Demographic Characteristics

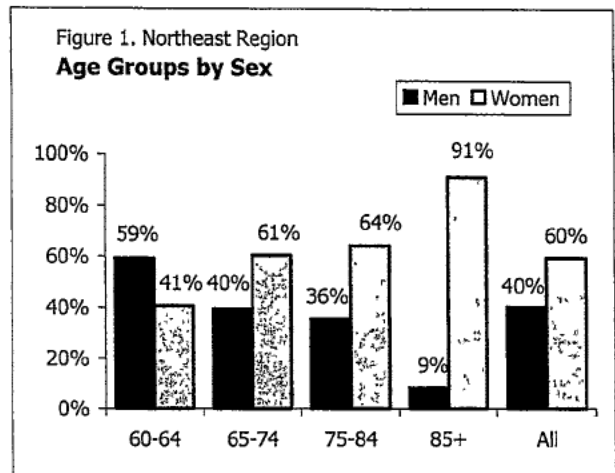
The age of seniors surveyed ranges in years from 60 to 94, with an average of 71 years. Women account for the majority of the seniors surveyed (Figure 1). They are on average older than men, 72 vs. 70, reflecting the longer life expectancy of women.

The majority of older adults are white; 2% report themselves as black, 0.1% as Asian and 0.1% as American Indian/Alaska native (Data Tables, pg. 22). For analysis purposes, races other than white will be grouped into a category called Other.

Marital Status, Living Arrangement

Marital status and living arrangement impact older adults' well-being as they are closely linked to income, health status, and the availability of potential caregivers. Consistent with U.S. Census data¹ and national health study data², marital status and living arrangement of Missouri's seniors vary considerably by age, sex and race.

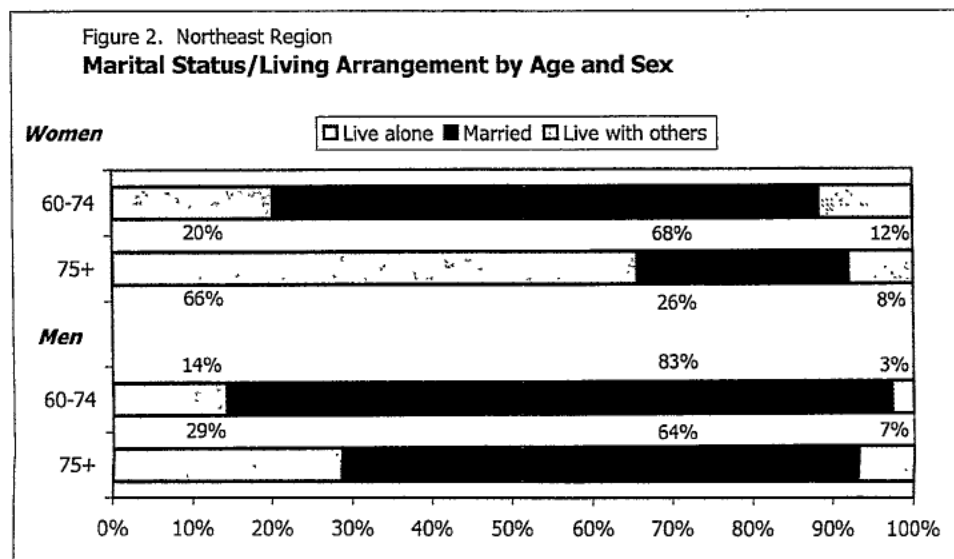
Living arrangement is defined by marital status and the number of people residing in the household. An assumption was made that if the respondent is married and living with another person, that respondent is living with his/her spouse.



For analysis purposes, marital status and living arrangement are combined into the following categories: married and living with others; living alone; living with others.

The number of seniors living alone increases with age. Only 18% of adults aged 60 to 74 live alone; that percentage jumps to 54% for the 75+ age group (Data Table, pg. 22). Men are more likely than women to be married at both age levels, reflecting the fact that men are often outlived by their wives, marry women younger than themselves and remarry more frequently (Figure 2).

Older minority adults are more likely than white seniors to live with others (Data Tables, pg. 22).



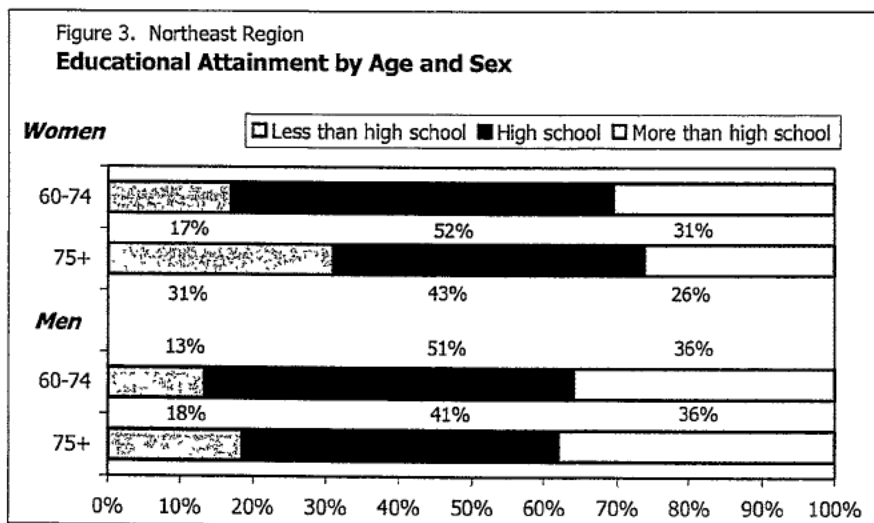
Population

Educational Attainment

Higher levels of education are usually correlated with higher incomes, higher standards of living, and above-average health status among older adults. Thus, education can have an indirect influence on a person's well-being.³

Eighty percent of older adults have received at least a high school education. Those who did not finish high school are on average older than those who graduated high school (Data Tables, pg. 23).

Education levels are similar among men and women at both age levels (Figure 3).

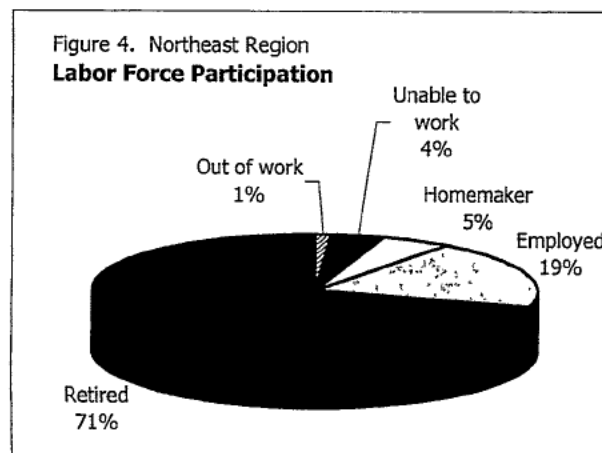


Labor Force Participation

Almost three-fourths of older adults are retired; 19% are employed (Figure 4). Employed seniors who average 66 years of age are younger than retirees, who average 73 years of age. Though a higher percentage of the men surveyed are employed, it is not significantly different from the percentage of women employed (Table 1).

Table 1. Northeast Region
Percent Employed by Age and Sex

	Men	Women	ALL
ALL	22%	18%	19%
60-64	44%	50%	47%
65-74	20%	17%	18%
75-84	0%	11%	7%
85+	0%	0%	0%

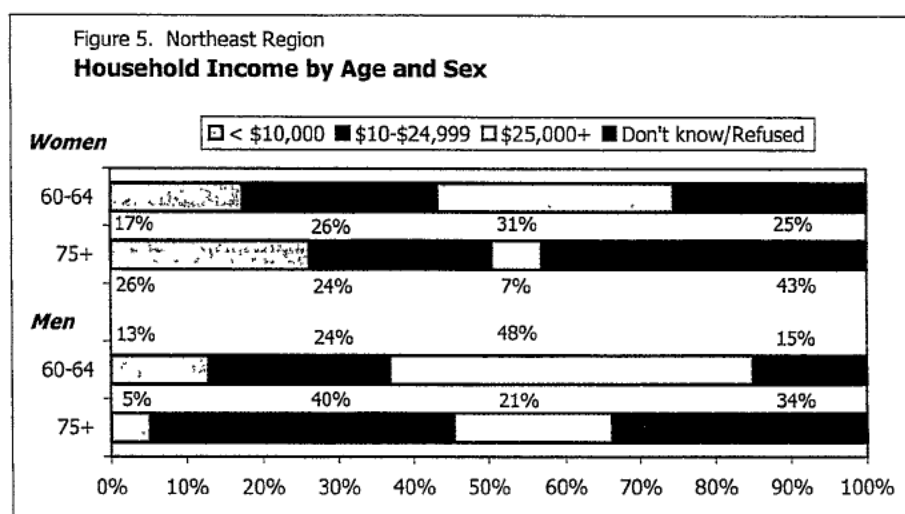


Household Income

An older adult's income has a direct bearing on his or her quality of life. Persons with inadequate income risk lack of food, housing, health care and needed services. Socioeconomic status has been proven to affect a person's health.⁴

Annual household income is less than \$25,000 for 43% of seniors; 9% have incomes of \$50,000 and more (Data Tables, pg. 23). Twenty-seven percent of respondents either refused to report their income or did not know their income; this is more prevalent among seniors 75 and older.

As age increases, household income decreases for both men and women (Figure 5). Among the younger old, men are more likely than women to report higher incomes. Women are more likely than men to report incomes of under \$10,000 among both age groups, a function of a woman's lifelong economic dependency on her spouse and her greater likelihood of widowhood.



References

¹ Current Population Reports. The Older Population in the United States. U.S. Census Bureau. March 1999.

² National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

³ Federal Interagency Forum on Aging-Related Statistics. Older Americans 2000: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics, Washington, DC: U.S. Government Printing Office. August 2000.

⁴ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vo. 279 Issue 21 06/03/98, 1703-1709.

Health Status

Self-Rated Health

Self-assessed health is one of the simplest but most informative measures of health, summarizing physical, emotional and social aspects of well-being. Research has found self-rated health to highly correlate with mortality, and has demonstrated that older persons who report their health as poor are at increased risk for declines in physical functioning.¹

Almost two-thirds of seniors assess their health as good, very good or excellent; 37% rate their health as fair or poor (Data Tables, pg. 24). Percentages of fair/poor health are not significantly different among men and women (Figure 6).

National studies^{1,2} and the 1994 Needs Assessment study have found black seniors to be more likely to report worse health. This study has not found that to be the case; there is no significant difference among race and self-assessed health (Figure 7).

Differences in health outcomes by socioeconomic position have been recognized as a persisting public health problem. The Americans' Changing Lives (ACL) longitudinal study found that lower levels of education and income are associated with a significantly higher prevalence of health risk behaviors, including smoking, being overweight and physical inactivity.³

Figure 6. Northeast Region

Percent Who Report Fair or Poor Health by Age and Sex

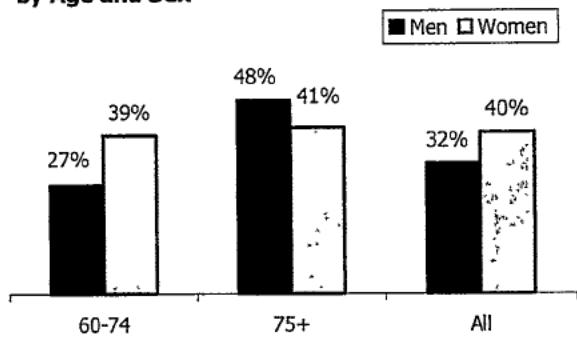
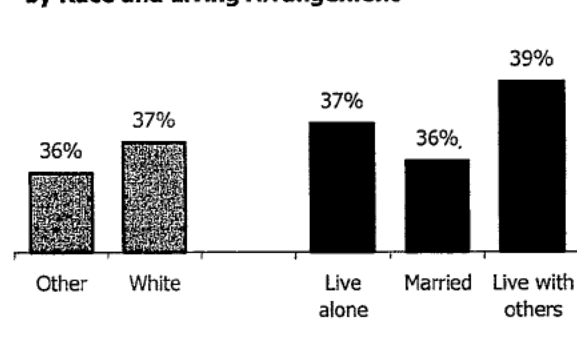


Figure 7. Northeast Region

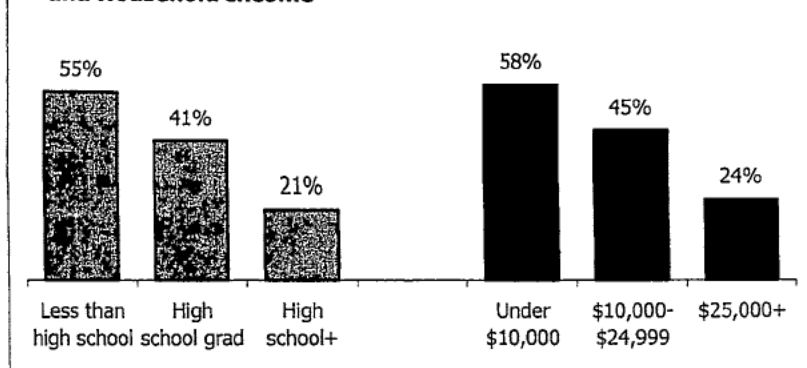
Percent Who Report Fair or Poor Health by Race and Living Arrangement



Seniors' perception of their health also differs significantly in this study by the socioeconomic indicators of educational attainment and household income. Self-rated health improves as education and income increase. Over half of seniors with less than a high school education rate their health as fair or poor. In contrast, less than one-fourth of seniors with an education beyond high school assess their health as not good (Figure 8).

Figure 8. Northeast Region

Percent Who Report Fair or Poor Health by Education and Household Income



Seniors with incomes under \$25,000 are more likely to rate their health as fair or poor; only one-fourth of those with incomes \$25,000+ report poor health (Figure 8).

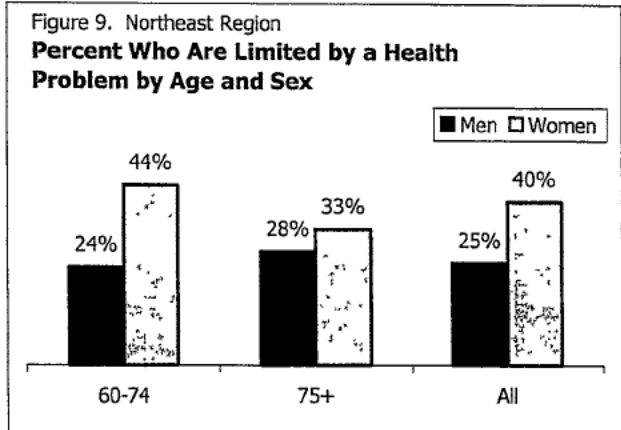
Health Limitations

Chronic diseases such as arthritis affect the quality of life and contribute to disability and the inability to live independently. One-third of seniors are limited in activities because of an impairment or health problem. A walking problem (5%), arthritis (5%), heart problems (4%) and lung/breathing problems (3%) are the major afflictions reported as limiting activities (Data Tables, pg. 24).

Overall, women are more likely to report their activities are limited by a health problem (Figure 9). Seniors living with someone are more likely than those living alone or with their spouses to have health limitations; this may be the reason why they are living with others who can care for them (Data Tables, pg. 24). As expected, those rating their health as fair or poor are more likely to indicate their activities are limited because of a health problem than those with a good to excellent self-health rating (Data Tables, pg. 24).

Sixteen percent of elders report having trouble learning, remembering or concentrating because of an impairment or health problem (Data Tables, pg. 24).

Survey participants were asked a variety of questions regarding how many days in the past 30 days they felt healthy, and how many days they were affected by poor physical health, poor mental health, and sleep deprivation. (Table 2; Data Tables, pg. 25)



Days of Good Health

Two-thirds of seniors have felt very healthy and full of energy at least one day in the past 30 days. Those reporting at least one day of good health average 25 good days.

Days of Poor Health

One-third of seniors have had one or more days in the past 30 where their physical health was not good, averaging 21 poor physical health days. Pain made it hard for one-fourth of older adults to do their usual activities at least one day in the past month. On average, pain inhibited daily activities half of the month.

Poor mental health days have been experienced by 14% of seniors, who average 14 poor days; 20% have had at least one day where they felt sad, blue or depressed and average 9 such days; around one-fourth have felt worried, tense or anxious and average 9 days; 31% did not get enough rest or sleep, averaging 14 days.

Poor physical or mental health has kept an estimated 8,800 seniors from doing their usual activities; these individuals average 17.5 days of poor overall health.

Table 2. Northeast Region
Percent Who Report At Least 1 Day in the Past 30 Days

	Percent	Estimated Persons	Average # of Days
Felt very healthy & full of energy	67%	34,029	24.6
Physical health was not good	34%	17,142	20.8
Pain made it hard to do activities	27%	13,581	15.6
Mental health was not good	14%	7,070	14.2
Felt sad, blue, depressed	20%	9,970	9.0
Felt worried, tense, anxious	27%	13,937	9.2
Did not get enough rest/sleep	31%	15,565	14.1
Poor health kept you from activities	17%	8,800	17.5

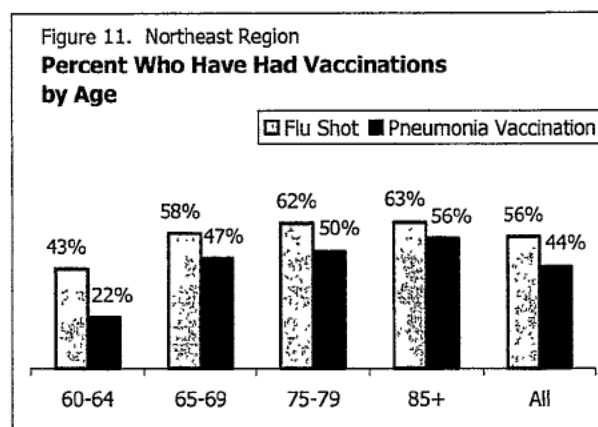
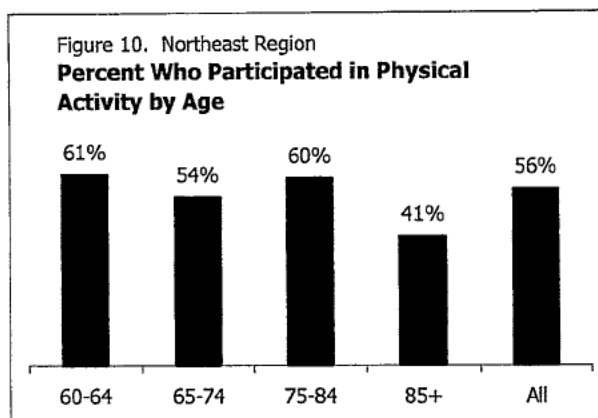
Health Status

Health Habits

Research has shown that physical activity has many health benefits: reducing the risk of certain chronic diseases, relieving symptoms of depression, helping to maintain independent living, and enhancing the overall quality of life. Over half of older adults have participated in physical activities or exercised in the past month (Figure 10). Participation declines for the oldest old.

The most popular activities seniors participate in are walking, gardening, golfing and exercising at home or at a health club. For those who do exercise, they do so several times a week (Data Tables, pg. 26).

Older adults are at a higher risk of contracting and suffering from consequences of the flu or pneumonia. An annual flu shot and a pneumonia vaccination are recommended for adults age 65 and older. Over half of seniors have had a flu shot in the past year, with the majority receiving their shot at a doctor's office (Data Tables, pg. 26). Forty-four percent have had a pneumonia vaccination. The likelihood of having either vaccine increases with age (Figure 11).



References

¹ National Center for Health Statistics. Health, United States, 1999 With Health and Aging Chartbook. Hyattsville, Maryland: 1999.

² A Profile of Older Americans: 2000, Administration on Aging, U.S. Department of Health and Human Services

³ Lantz, Paula M.; House, James S.; Lepkowski, James M.; Williams, David R.; Mero, Richard P.; Chen, Jieming. Socioeconomic Factors, Health Behaviors and Mortality. Journal of the American Medical Association. Vo. 279 Issue 21 06/03/98, 1703-1709.

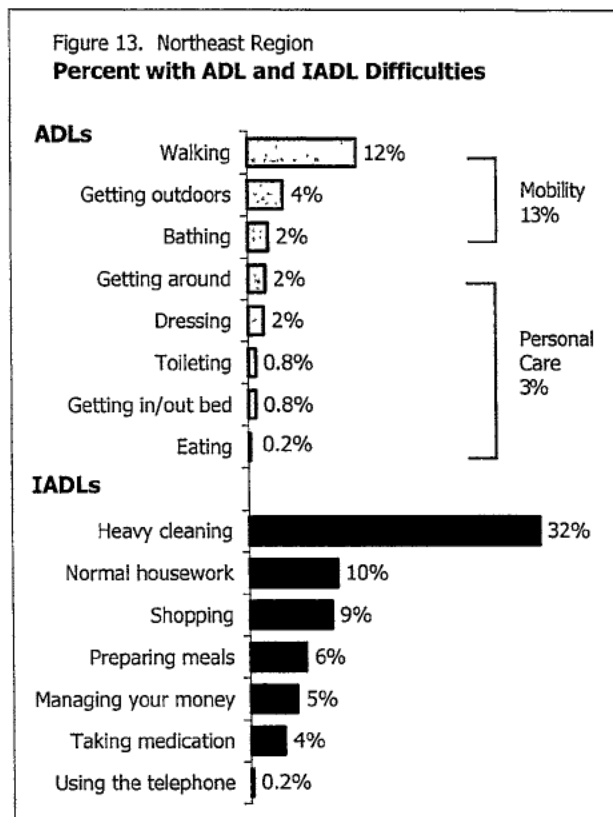
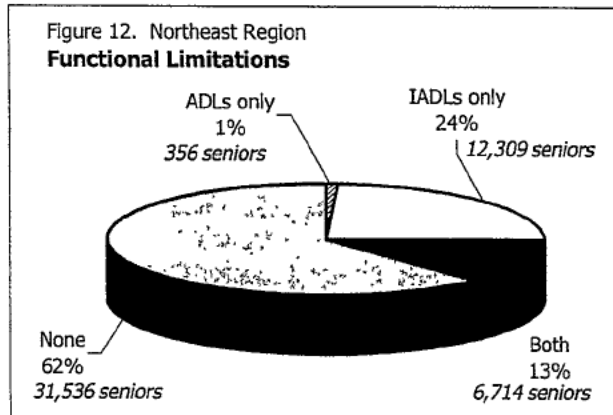
The functional ability of an older person declines with age. Functional limitation and whether a person receives assistance serve as key indicators of an older person's ability to live independently in the community and have implications for service delivery, quality of life, and life expectancy. Functional status is commonly defined in terms of the ability to perform certain tasks of daily living. Researchers group these tasks into two categories: essential activities of daily living (ADL) and the more complex instrumental activities of daily living (IADL). The ADLs included in this survey are eating, bathing, dressing, toileting, getting in/out of bed, walking, getting around the house, and getting outside. IADLs include light housework, heavy housework, using the telephone, shopping, preparing meals, taking medication and managing money.

For each ADL and IADL, respondents were asked how much difficulty they had performing each task, who helped them if they had difficulty and if it was enough help. Respondents are considered to have difficulty with an ADL or IADL if they report needing some help or unable to do without help. Consistent with other studies, those who report they do not do an ADL are counted as having difficulty.¹ Because ADLs are fundamental to the existence of the person, it is likely the respondent who "does not do" a specific activity is limited. The percentage of those reporting "doesn't do for other reason" is less than one percent for any given ADL. Unlike ADLs, IADLs are not necessities of life and may not be done for reasons other than disability. Thus, those who report they do not do a specific IADL are not counted as limited.

ADL and IADL Difficulties

Over one-third of seniors, 38%, need some help performing either ADLs or IADLs (Figure 12). Mobility is the most prevalent ADL difficulty with 13% having trouble walking, getting around the house, and/or getting outdoors (Figure 13). Three percent report having difficulty with personal care activities. Overall, 14% have difficulty performing ADLs.

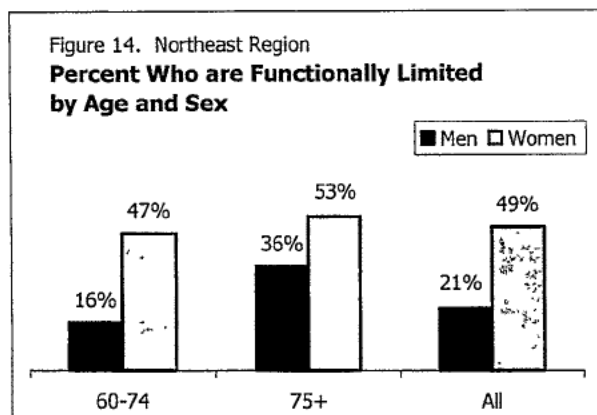
More seniors need help with IADLs than with ADLs, 37% vs. 14% respectively. Help is most



often required with cleaning and shopping (Figure 13).

Seniors with functional limitations are on average older than those who are not limited, 74 vs. 71 years old. Women more than men are likely to need assistance with ADLs and/or IADLs (Figure 14).

Functional Status



Assistance with Functional Limitations and Unmet Needs

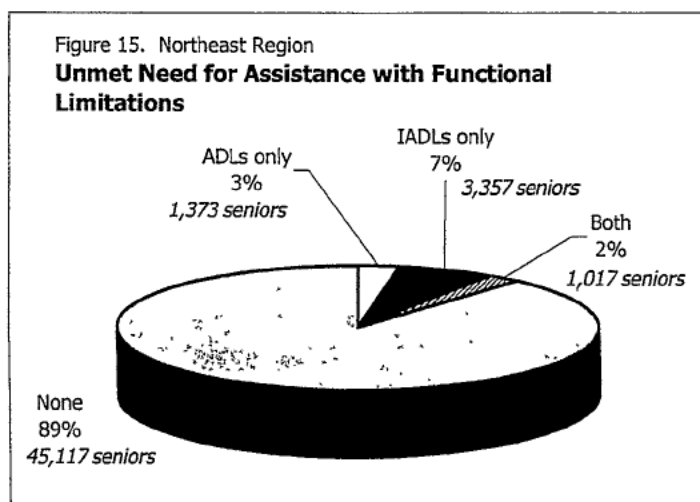
Some seniors are able to overcome their difficulties in performing daily activities through the use of assistive devices; many others require personal assistance. The majority of elders are receiving the necessary assistance and in most cases, it is enough help (Data Tables, pgs. 27-28).

For most, assistance comes from family. Professional help is used most for normal housework and heavy cleaning. Other help, usually in the form of assistive devices such as a walker or cane, is more often used with walking, getting around the house or getting outdoors (Data Tables, pgs. 27-28).

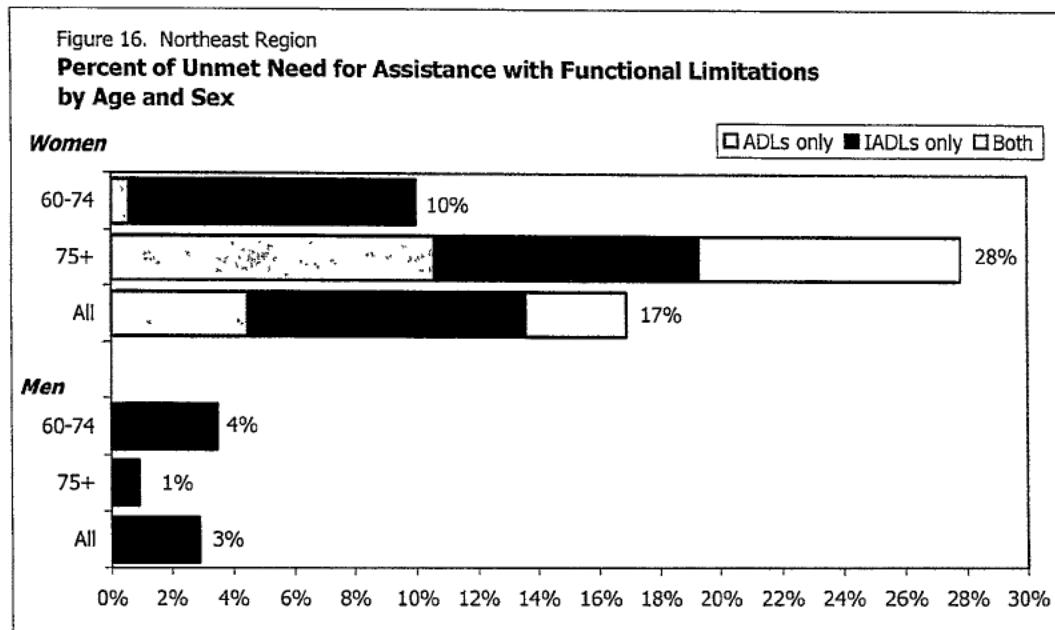
While help is available for most seniors who need it, there are still thousands who are going unaided. These adults may be at risk for institutionalization if the need for assistance goes unmet. Unmet need has been determined for each ADL and IADL where an individual has no one to help when help is needed, or if the help they get is enough help only some of the time, seldom or never.

Overall, 11% of older adults are in need of help or need more help with their everyday activities (Figure 15). Five percent need more help with one or more ADLs, with the majority of elders requiring assistance with walking. Nine percent could use additional help with at least one IADL. Heavy cleaning is the need that most often goes unmet (Data Tables, pg. 27-28).

As with ADL and IADL difficulties, unmet need for assistance increases as age increases and women are more likely than men to go unaided (Figure 16). The difference between the sexes for needed IADL assistance is much greater than the need for ADL assistance. This is likely due to the traditional role women have played in the household, where cleaning, shopping and cooking are the woman's responsibility. Thus, men may not need help with these activities because they do not do these activities.



Functional Status



References

¹ Health Data on Older Americans: United States, 1992. National Center for Health Statistics. Vital and Health Statistics 3(27), January 1993.

Service Awareness and Use

Where To Go For Help

Most seniors will talk with their family members when they need someone to help with their personal care and their day-to-day activities (Table 3). An estimated 6,500 to 7,000 persons do not know who they would speak with for personal care assistance or about getting help with day-to-day activities (Data Tables, pg. 29).

One-fourth of seniors are aware of the information and referral toll-free number (1-800-235-5503) operated by the Division of Senior Services (Figure 17).

Regarding agencies to contact to find out about aging services in the community, awareness is highest for the Division of Senior Services. The majority do not know which agency to contact for services (Figure 18).

Overall, 7%, an estimated 3,600 older adults, indicate they have no one to talk to about getting help with personal assistance or day-to-day activities, and do not know what agency to speak with about aging services.

Table 3. Northeast Region

Who Would You Talk to for Help

	With Personal Care	With Day-to-Day Activities
Family	52%	54%
Doctor	12%	7%
Social service agency	9%	8%
Other	15%	17%
Don't know	13%	14%

Figure 17. Northeast Region

Aware of the Toll-Free Information and Referral Number

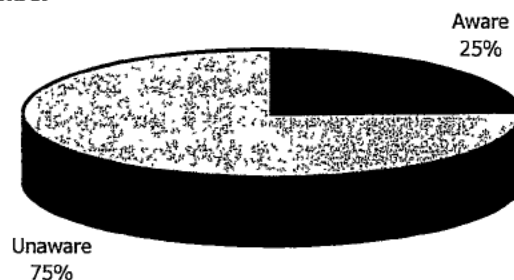
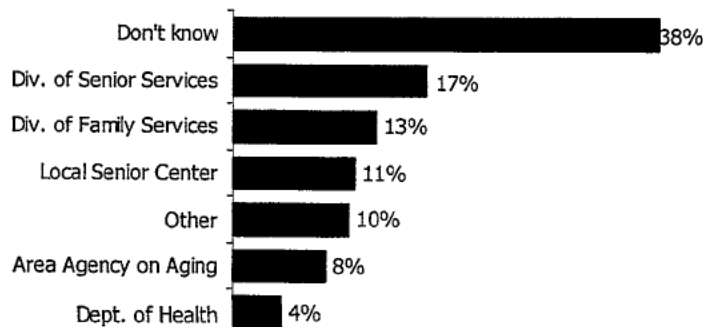


Figure 18. Northeast Region

Agency To Contact About Aging Services



Service Awareness and Use

Home-Delivered Meals

Over three-fourths of older adults are aware of the availability of home-delivered meals or Meals on Wheels in their community (Table 4).

Table 4. Northeast Region
Home-Delivered Meals

	Percent	Persons
Aware	79%	40,183
Receiving	9%	4,680
Unmet Need	1%	560

Nine percent of persons age 60 and older report having meals delivered to their homes (Table 4). This includes Home Delivered Meals through local senior centers and other community operated meals on wheels programs. One percent feel they need home-delivered meals but are not getting them, or believe the service does not provide them with enough meals (Table 4). One reason for not receiving meals includes not liking the service provided (Data Tables, pg. 29).

The vast majority of seniors, 97%, have not been concerned about having enough food for themselves and their families in the past 30 days (Data Tables, pg. 29).

Senior Center

The majority of older adults know of a senior center in their community where they can eat meals and participate in social activities (Table 5).

Table 5. Northeast Region
Senior Center

	Percent	Persons
Aware	79%	40,132
Go To	25%	12,615

One-fourth of seniors visit a senior center (Table 5). Attendance increases with age: those who visit centers are on average 77 years old; those who don't average 71 years old. Seniors living alone are also more likely to go to a center as compared to those who are married or living with others.

For those who do not visit a senior center, reasons for not going include not needing the services offered and unavailability of a center (Data Tables, pg. 30).

Assistance Filling Out Forms

Assistance filling out Medicare, insurance or other forms is thought to be available in the community by half of seniors (Table 6).

Not everyone was asked if they currently need help filling out forms due to a survey programming error. *Thus, the data presented here is based on only those seniors asked so need and receipt of assistance of this service may be underestimated.*

Thirteen percent of elders say they receive help filling out their forms; another 3% could use help with their forms (Table 6). Seniors receiving such help are on average older than those who do not get help with forms, 76 vs. 71 years old (Data Tables, pg. 31).

Table 6. Northeast Region
Assistance Filling Out Forms

	Percent	Persons
Available	52%	26,501
Receiving	13%	3,357
Unmet Need	3%	865

Service Awareness and Use

Transportation

Lack of transportation is a problem for 8% of seniors when they want to go someplace (Data Tables, pg. 31). Women more often than men find lack of transportation a problem as do those living alone compared to married seniors, and minority compared to white elders (Data Tables, pg. 32).

Two percent need to use public transportation when they want to go someplace (Table 7). Less than one percent feel the public transportation system does not meet all their transportation needs (Data Tables, pg. 31).

Table 7. Northeast Region
Public Transportation

	Percent	Persons
Available	14%	6,969
Need to Use	2%	1,221
Doesn't meet my needs	0.5%	254

Transportation Service

	Percent	Persons
Available	80%	40,539
Use	10%	5,087
Doesn't meet my needs	0.5%	254

A large number of seniors are aware of the availability of a transportation service where you can call in advance. Ten percent use this service. Less than one percent feel the service does not meet all their transportation needs because of the day/hour/timing of the service (Data Tables, pg. 32).

Daily Check

Over 90% of seniors feel they do not need a daily check by someone to be sure they are okay. Three percent are receiving such a check; less than 1% believe they need it but are not getting it (Table 8). Seniors ages 75 and older are more likely than those under age 75 to receive a daily check (Data Tables, pg. 32).

Table 8. Northeast Region
Daily Check

	Percent	Persons
Receive	3%	1,577
Unmet Need	0.5%	254

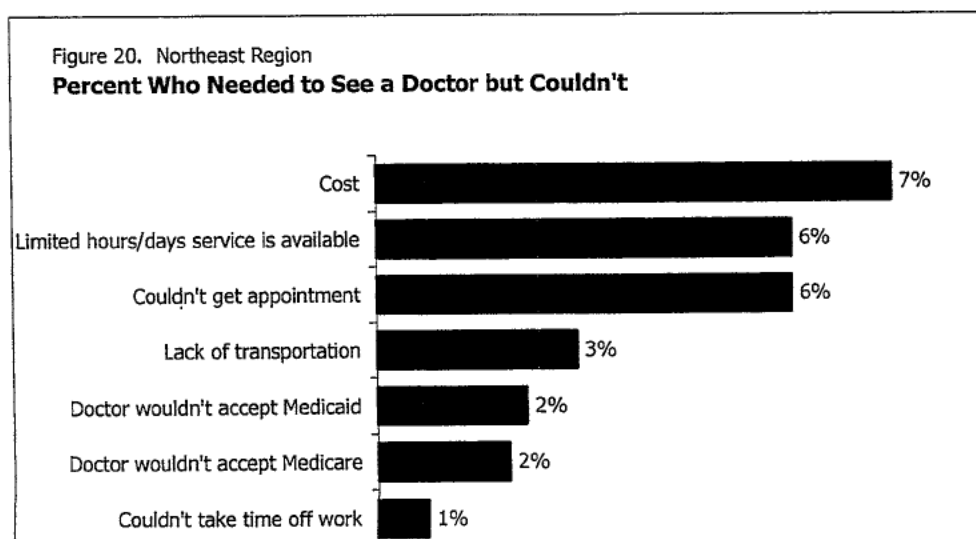
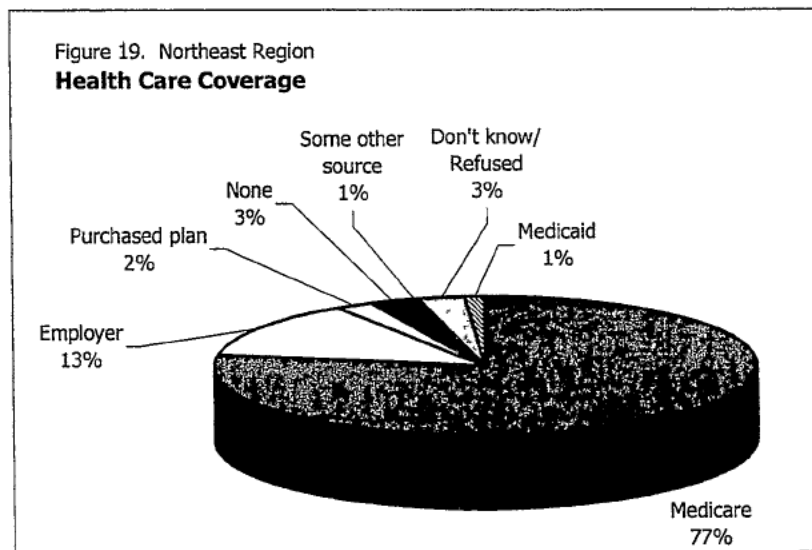
Health Care Coverage

For persons age 65 and older, Medicare is the most common health care coverage. The youngest old are most likely to be covered by their own or someone else's employer (Data Table, pg. 33).

Three percent of older adults, an estimated 1,370 seniors, report not having health insurance, with the majority of them under age 65 (Data Table, pg. 33).

Inability to See a Doctor

Survey participants were asked if there was a time in the past 12 months when they needed to see a doctor but could not for various reasons. Cost, limited service times, and not being able to get an appointment are the most often cited reasons for not being able to see a doctor when necessary (Figure 20).



Social Support

Social Activity

Among older adults, social interaction offers emotional and practical support that increases the ability for the individual to remain in the community. The vast majority of seniors talk on the telephone at least weekly (Figure 21). Face-to-face interactions occur less frequently but still a majority, 84%, manage to visit someone outside their home at least once a week (Figure 22).

Figure 21. Northeast Region
Talk on the Telephone

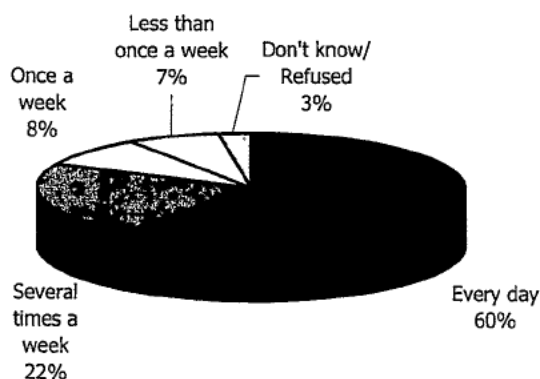
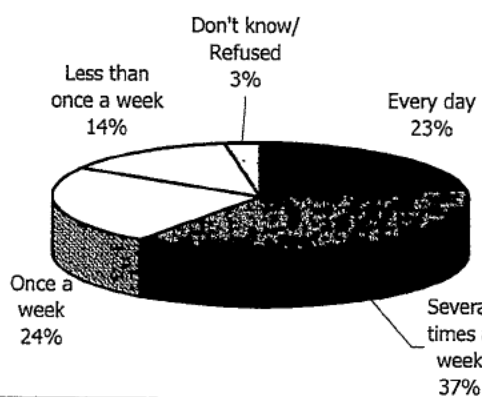


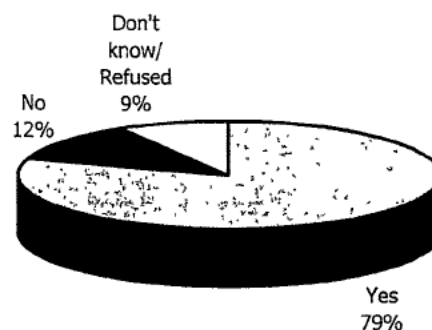
Figure 22. Northeast Region
Visit Someone



Caregiving

Twelve percent of older adults, an estimated 5,850 persons, report having no one who would care for them if they became sick or disabled (Figure 23). Understandably, older adults living by themselves are more likely than married seniors to feel they would not have a caregiver should they need one. Lower income individuals and those who assess their health as poor are also more likely to not have a potential caregiver (Data Tables, pg. 34).

Figure 23. Northeast Region
Have a Potential Caregiver

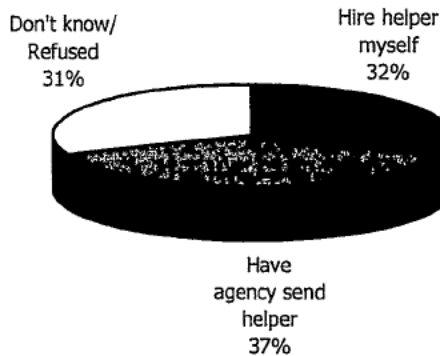


Traditionally, families have cared for older adults. Smaller family sizes, geographic mobility, increased number of women in the workforce and the increased longevity of older adults have been affecting the network of potential caregivers.¹ Family caregivers are an essential part of the health care economy. The estimated value of informal caregiving is an estimated \$196 billion.² With the shrinking number of potential caregivers, increases are likely in in-home care expenses as well as the institutionalization rate and subsequent nursing home care expenses.

For those who would have a caregiver, two-thirds say the person would be able to care for them as long as needed. This person is most likely to be a child or spouse (Data Tables, pg. 34).

If seniors needed help at home, the percentages are similar for those preferring hiring someone themselves and seniors preferring an in-home agency send someone. One-third do not know which option they would prefer (Figure 24).

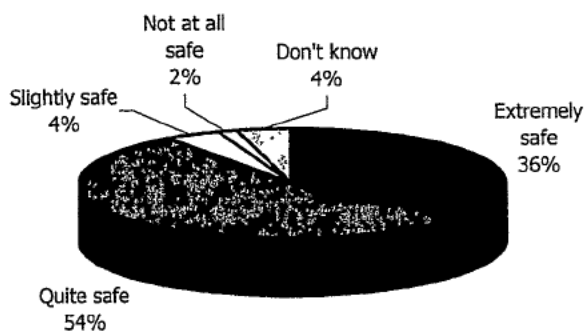
Figure 24. Northeast Region
Preference for In-Home Help



Housing & Neighborhood Safety

Around 80% of older adults own their home, 82% live in a house, and 93% have lived at their current residence for two or more years. Less than one percent are considering moving in the next year where they can get more help (Data Tables, pg. 35). The majority of seniors, 90%, consider their neighborhoods to be extremely or quite safe from crime (Figure 25).

Figure 25. Northeast Region
Neighborhood Safe from Crime



Discrimination

The majority of older adults have not been discriminated against in the past year because of their age (89%) or their race (96%). Of those who experienced racial or ethnic discrimination, no persons report it prevented them from receiving needed services (Data Tables, pg. 35). A total of 3.1% of respondents didn't know or refused to answer if they had experienced racial or ethnic discrimination.

Abuse & Neglect

Only 3.5% of seniors are aware of older adults in their community who have been abused or neglected (Data Tables, pg. 35). Over one-third, 39%, are aware of the adult abuse and neglect toll-free hotline number (1-800-392-0210).

References

- ¹ Internet Information Note: Caregiving for the Elderly - National Aging Information Center; www.aoa.gov/naic/Notes/caregivingforelderly.html.
- ² Family Caregiver Alliance Fact Sheet: Selected Caregiver Statistics; www.caregiver.org/factsheets/caregiver_statsC.html.

Data Tables

Note: Population estimates are determined by applying the sample percentages to the age 60 and older population, excluding the age 65+, institutionalized population. Because the estimates are based on rounded sample percentages, they may not add to the total population.

Population of the Sample

Northeast Region	Percent
	100.0%
Age	
60-64	19.3%
65-69	28.0%
70-74	19.0%
75-79	17.1%
80-84	10.2%
85+	6.2%
Refused	0.2%
Sex	
Male	40.3%
Female	59.7%
Race	
White	97.8%
Black	2.0%
Asian, Pacific Islander	0.1%
American Indian, Alaska Native	0.1%
Hispanic	
Yes	0.7%
No	98.6%
Don't know/Refused	0.7%
Marital Status	
Married	64.5%
Widowed	25.9%
Divorced	6.0%
Never been married	3.0%
Separated	0.6%
Household Size	
One	30.0%
Two	55.9%
Three	11.7%
Four or more	2.4%
Living Arrangement	
Live alone	30.0%
Live with spouse	50.9%
Live with spouse/others	11.5%
Live with others	7.6%
Marital Status/ Living Arrangement	
Live alone	30.0%
Married, live with spouse	62.4%
Live with others	7.6%

Percent of Race by Age

Northeast Region	White	Other
ALL	97.8%	2.2%
Age		
60-64	99.0%	1.0%
65-74	96.9%	3.1%
75-84	98.2%	1.8%
85+	100.0%	0.0%
60-74	97.5%	2.5%
75+	98.5%	1.5%
Average Age	71.5	68.6

Percent of Marital Status/Living Arrangement by Age Groups, Sex and Race

Northeast Region	Live alone	Married	Live with others
ALL	30.0%	62.4%	7.6%
Age			
60-64	15.8%	74.3%	9.9%
65-74	18.2%	75.3%	6.6%
75-84	47.9%	43.1%	9.0%
85+	82.4%	15.8%	1.8%
60-74	17.5%	75.0%	7.6%
75+	54.3%	38.0%	7.7%
Average Age	76.3	69.2	71.0
Sex			
Male	17.9%	78.4%	3.7%
Female	38.2%	51.7%	10.2%
Race			
White	30.1%	62.9%	7.0%
Other	24.3%	43.3%	32.4%

Population of the Sample

Northeast Region	Percent
	100.0%
Education	
No school	0.0%
Grades 1 through 8	9.1%
Grades 9 through 11	10.1%
Grade 12 or GED	48.7%
College 1-3 years	20.4%
College degree or more	11.3%
Refused	0.5%
Employment Status	
Employed for wages	14.8%
Self-employed	4.6%
Out of work	1.0%
Homemaker	5.0%
Retired	70.2%
Unable to work	4.0%
Refused	0.5%
Household Income	
Less than \$10,000	16.8%
\$10,000-\$14,999	10.0%
\$15,000-\$19,999	7.9%
\$20,000-\$24,999	8.4%
\$25,000-\$34,999	8.9%
\$35,000-\$49,999	11.2%
\$50,000-\$74,999	6.9%
\$75,000 or more	2.5%
Don't know	13.7%
Refused	13.7%

Percent of Educational Attainment by Age Groups, Sex and Race

Northeast Region	Less than High School	High School	More than High School
ALL	19.2%	48.7%	31.6%
Age			
60-74	15.3%	51.7%	33.0%
75+	26.9%	42.3%	29.2%
Average Age	74.0	70.6	71.0
Sex			
Male	14.4%	48.4%	35.9%
Female	22.4%	48.9%	28.8%
Race			
White	18.5%	48.9%	32.1%
Other	48.7%	39.6%	11.7%

Percent of Household Income by Age Groups, Sex and Race

Northeast Region	Less than \$10,000	\$10,000-\$24,999	\$25,000+	Don't know/Refused
ALL	16.8%	26.3%	29.5%	27.4%
Age				
60-74	15.4%	25.0%	39.0%	20.7%
75+	19.7%	29.1%	10.9%	40.2%
Average Age	72.6	72.0	68.3	73.6
Sex				
Male	10.9%	28.0%	41.2%	19.8%
Female	20.7%	25.1%	21.6%	32.5%
Race				
White	15.9%	26.5%	30.2%	27.4%
Other	55.9%	18.1%	0.0%	26.1%
Living Arrangement				
Live alone	31.1%	26.4%	10.7%	31.7%
Married	7.9%	24.2%	41.8%	26.2%
Live with others	33.4%	43.5%	3.0%	20.2%

Data Tables

Health Status

Northeast Region	Percent	Persons
	100.0%	50,865
Self-rated health (Q1)		
Excellent	11.5%	5,849
Very Good	22.8%	11,597
Good	28.8%	14,649
Fair	26.9%	13,683
Poor	10.0%	5,087
Excellent, Very Good, Good	63.1%	32,096
Fair, Poor	36.9%	18,769
Limited in activities because of any impairment/health problem (Q94)		
Yes	33.8%	17,192
No	66.2%	33,673
Major impairment/health problem (Q95)		
Walking problem	5.4%	2,747
Arthritis/Rheumatism	4.7%	2,391
Heart problem	3.9%	1,984
Lung/breathing problem	3.0%	1,526
Eye/vision problem	2.4%	1,221
Back/neck problem	1.6%	814
Diabetes	1.5%	763
Fractures, bone/joint injury	1.4%	712
Cancer	0.9%	458
Hearing problem	0.8%	407
Depression/anxiety/emotional	0.2%	102
Other impairment/problem	7.7%	3,917
Have no impairment	66.2%	33,673
Don't know/Refused	0.2%	102
Have trouble learning, remembering, concentrating (Q96)		
Yes	15.7%	7,986
No	83.8%	42,625
Don't know/Refused	0.5%	254

Percent of Health Limitations by Selected Demographics

Northeast Region	Limited	Not Limited
ALL	33.8%	66.2%
Age		
60-74	34.8%	65.2%
75+	31.5%	68.5%
Average Age	71.7	72.9
Sex		
Male	24.9%	75.1%
Female	39.8%	60.2%
Race		
White	34.0%	66.0%
Other	27.1%	72.9%
Living Arrangement		
Live alone	33.9%	66.1%
Married	30.3%	69.7%
Live with others	62.3%	37.1%
Education		
< High School	40.4%	59.6%
High School	35.9%	64.1%
> High School	27.1%	72.9%
Income		
< \$10,000	59.1%	40.9%
\$10-\$24,999	33.2%	66.8%
\$25,000+	25.6%	74.4%
Don't know/Refused	27.7%	72.3%
Self-Rated Health		
Excellent	3.9%	96.1%
Very Good	17.9%	82.1%
Good	27.5%	72.5%
Fair	52.3%	47.8%
Poor	73.0%	27.0%

Health Status

<i>Northeast Region</i>	Percent	Persons	<i>Northeast Region</i>	Percent	Persons
	100.0%	50,865		100.0%	50,865
Days of poor physical health (Q2)			Days felt sad, blue or depressed (Q98)		
None	59.2%	30,112	None	76.5%	38,912
1-7 days/1 week	8.2%	4,171	1-7 days/1 week	13.2%	6,714
8-14 days/2 weeks	3.3%	1,679	8-14 days/2 weeks	1.1%	560
15-21 days/3 weeks	2.5%	1,272	15-21 days/3 weeks	2.5%	1,272
22-29 days/4 weeks	0.7%	356	22-29 days/4 weeks	0.4%	203
30 days/All month	19.0%	9,664	30 days/All month	2.3%	1,170
Don't know/Refused	7.1%	3,611	Don't know/Refused	3.9%	1,984
Days of poor mental health (Q3)			Days felt worried, tense or anxious (Q99)		
None	83.0%	42,218	None	67.4%	34,283
1-7 days/1 week	6.3%	3,204	1-7 days/1 week	19.3%	9,817
8-14 days/2 weeks	1.4%	712	8-14 days/2 weeks	2.0%	1,017
15-21 days/3 weeks	1.5%	763	15-21 days/3 weeks	1.3%	661
22-29 days/4 weeks	0.0%	0	22-29 days/4 weeks	0.1%	51
30 days/All month	4.7%	2,391	30 days/All month	4.6%	2,340
Don't know/Refused	3.1%	1,577	Don't know/Refused	5.3%	2,696
Days poor physical/mental health limited activities (Q4)			Days did not get enough rest or sleep (Q100)		
None	56.3%	28,637	None	65.8%	33,469
1-7 days/1 week	10.2%	5,188	1-7 days/1 week	12.6%	6,409
8-14 days/2 weeks	4.6%	2,340	8-14 days/2 weeks	3.5%	1,780
15-21 days/3 weeks	8.4%	4,273	15-21 days/3 weeks	5.5%	2,798
22-29 days/4 weeks	0.5%	254	22-29 days/4 weeks	0.7%	356
30 days/All month	14.2%	7,223	30 days/All month	8.3%	4,222
Don't know/Refused	5.8%	2,950	Don't know/Refused	3.6%	1,831
Days where pain made it hard to do activities (Q97)			Days felt very healthy & full of energy (Q101)		
None	69.7%	35,453	None	24.9%	12,665
1-7 days/1 week	9.7%	4,934	1-7 days/1 week	3.5%	1,780
8-14 days/2 weeks	5.0%	2,543	8-14 days/2 weeks	4.6%	2,340
15-21 days/3 weeks	2.9%	1,475	15-21 days/3 weeks	9.6%	4,883
22-29 days/4 weeks	0.2%	102	22-29 days/4 weeks	13.6%	6,918
30 days/All month	8.9%	4,527	30 days/All month	35.5%	18,057
Don't know/Refused	3.6%	1,831	Don't know/Refused	8.2%	4,171

Data Tables

Health Status

Northeast Region	Percent	Persons
	100.0%	50,865
Participate in physical activities/exercise (Q123)		
Yes	55.9%	28,434
No	42.5%	21,618
Don't know/Refused	1.6%	814
Type of physical activity/exercise (Q124)		
Walking	31.9%	16,226
Gardening	8.5%	4,324
Home/Health Club exercise	3.8%	1,933
Golf	2.2%	1,119
Mowing lawn	1.2%	610
Weight lifting	0.9%	458
Carpentry	0.9%	458
Hunting	0.8%	407
Biking (pleasure)	0.6%	305
Fish (bank/boat)	0.5%	254
Swimming laps	0.5%	254
Other	4.0%	2,035
None	44.1%	22,431
Distance usually walk/run (Q125)		
Do not walk/run/jog	67.6%	34,385
Less than 1 mile	8.7%	4,425
1 mile	7.9%	4,018
1.1-1.5 miles	3.7%	1,882
1.6-2.0 miles	5.9%	3,001
2.1-3.0 miles	1.3%	661
3.1-6.0 miles	1.3%	661
Don't know/Refused	3.5%	1,780
Frequency of physical activity/exercise (Q126)		
Do not participate	44.1%	22,431
Every day	12.8%	6,511
1-3 times a week	21.9%	11,139
4-6 times a week	16.4%	8,342
1-4 times a month	1.9%	966
Don't know/Refused	2.9%	1,475

Northeast Region	Percent	Persons
	100.0%	50,865
Duration of physical activity (Q127)		
Do not participate	44.1%	22,431
20 minutes or less	11.2%	5,697
21-30 minutes	13.0%	6,612
31-60 minutes	16.7%	8,494
1-2 hours	3.6%	1,831
More than 2 hours	5.6%	2,848
Don't know/Refused	5.8%	2,950
Flu shot in past year (Q91)		
Yes	56.5%	28,739
No	43.5%	22,126
Where received flu shot (Q92)		
A doctor's office or HMO	28.8%	14,649
A health department	9.4%	4,781
Another type of clinic	5.0%	2,543
Senior, rec/community center	3.6%	1,831
Hospital/emergency room	3.0%	1,526
Workplace	3.0%	1,526
A store	0.5%	254
Other	4.2%	2,136
Did not get a flu shot	43.5%	22,126
Had pneumonia vaccination (Q93)		
Yes	43.6%	22,177
No	54.9%	27,925
Don't know/Refused	1.5%	763

Functional Status: Activities of Daily Living

(Q5-Q33, Q46-Q49)	<i>EATING</i>		<i>BATHING</i>		<i>DRESSING/ GROOMING</i>		<i>TOILETING</i>	
<i>Northeast Region</i>	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	50,865	100.0%	50,865	100.0%	50,865	100.0%	50,865
Need help to do								
Without help	99.8%	50,763	97.8%	49,746	98.3%	50,000	99.2%	50,458
With help	0.2%	102	2.2%	1,119	1.7%	865	0.8%	407
Who helps								
No one	0.0%	0	0.2%	102	0.0%	0	0.0%	0
Professional	0.2%	102	1.3%	661	0.7%	356	0.2%	102
Spouse	0.0%	0	0.0%	0	0.8%	407	0.0%	0
Other family member	0.0%	0	0.2%	102	0.2%	102	0.0%	0
Non-relative	0.0%	0	0.4%	203	0.0%	0	0.2%	102
Other	0.0%	0	0.0%	0	0.0%	0	0.4%	203
Do not need help	99.8%	50,763	97.8%	49,746	98.3%	50,000	99.2%	50,458
Enough help								
All/Most of the time	0.2%	102	1.5%	763	1.7%	865	0.8%	407
Some of the time/Seldom	0.0%	0	0.4%	203	0.0%	0	0.0%	0
Never	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Have no help	0.0%	0	0.2%	102	0.0%	0	0.0%	0
Do not need help	99.8%	50,763	97.8%	49,746	98.3%	50,000	99.2%	50,458

	<i>GETTING IN/OUT OF BED</i>		<i>WALKING</i>		<i>GETTING AROUND HOUSE</i>		<i>GETTING OUTDOORS</i>	
<i>Northeast Region</i>	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	50,865	100.0%	50,865	100.0%	50,865	100.0%	50,865
Need help to do								
Without help	99.2%	50,458	88.1%	44,812	98.1%	49,899	96.1%	48,881
With help	0.8%	407	11.9%	6,053	1.9%	966	3.9%	1,984
Who helps								
No one	0.0%	0	2.5%	1,272	0.0%	0	0.4%	203
Professional	0.2%	102	0.7%	356	0.2%	102	0.7%	356
Spouse	0.4%	203	2.4%	1,221	0.0%	0	0.8%	407
Other family member	0.0%	0	0.9%	458	0.2%	102	1.1%	560
Non-relative	0.2%	102	0.2%	102	0.0%	0	0.2%	102
Other	0.0%	0	5.3%	2,696	1.5%	763	0.7%	356
Do not need help	99.2%	50,458	88.1%	44,812	98.1%	49,899	96.1%	48,881
Enough help								
All/Most of the time	0.8%	407	8.3%	4,222	1.1%	560	3.3%	1,679
Some of the time/Seldom	0.0%	0	1.1%	560	0.6%	305	0.2%	102
Never	0.0%	0	0.0%	0	0.2%	102	0.0%	0
Have no help	0.0%	0	2.5%	1,272	0.0%	0	0.4%	203
Do not need help	99.2%	50,458	88.1%	44,812	98.1%	49,899	96.1%	48,881

Data Tables

Functional Status: Instrumental Activities of Daily Living (IADLs)

(Q34-Q45, Q50-Q65)	NORMAL HOUSEWORK		HEAVY CLEANING		USING THE TELEPHONE		SHOPPING	
Northeast Region	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	50,865	100.0%	50,865	100.0%	50,865	100.0%	50,865
Need help to do								
Without help	90.4%	45,982	67.8%	34,486	99.8%	50,763	91.0%	46,287
With help	9.6%	4,883	32.2%	16,379	0.2%	102	9.0%	4,578
Who helps								
No one	0.2%	102	1.4%	712	0.0%	0	0.4%	203
Professional	3.3%	1,679	5.8%	2,950	0.2%	102	0.9%	458
Spouse	3.4%	1,729	5.9%	3,001	0.0%	0	2.4%	1,221
Other family member	1.5%	763	9.7%	4,934	0.0%	0	4.4%	2,238
Non-relative	0.7%	356	5.5%	2,798	0.0%	0	0.4%	203
Other	0.5%	254	3.8%	1,933	0.0%	0	0.4%	203
Do not need help	90.4%	45,982	67.8%	34,486	99.8%	50,763	91.0%	46,287
Enough help								
All/Most of the time	8.4%	4,273	25.2%	12,818	0.2%	102	6.8%	3,459
Some of the time/Seldom	0.7%	356	4.9%	2,492	0.0%	0	1.5%	763
Never	0.0%	0	0.7%	356	0.0%	0	0.2%	102
Don't know/Refused	0.3%	153	0.0%	0	0.0%	0	0.0%	0
Have no help	0.2%	102	1.4%	712	0.0%	0	0.4%	203
Do not need help	90.4%	45,982	67.8%	34,486	99.8%	50,763	91.0%	46,287

	PREPARING MEALS		TAKING MEDICATIONS		MANAGING MONEY	
Northeast Region	Percent	Persons	Percent	Persons	Percent	Persons
	100.0%	50,865	100.0%	50,865	100.0%	50,865
Need help to do						
Without help	93.9%	47,762	96.3%	48,983	94.9%	48,271
With help	6.1%	3,103	3.7%	1,882	5.1%	2,594
Who helps						
No one	0.0%	0	0.0%	0	0.0%	0
Professional	0.7%	356	0.4%	203	0.0%	0
Spouse	3.0%	1,526	0.0%	0	2.6%	1,322
Other family member	0.6%	305	0.0%	0	2.5%	1,272
Non-relative	1.2%	610	0.0%	0	0.0%	0
Other	0.7%	356	0.0%	0	0.0%	0
Do not need help	93.9%	47,762	96.3%	48,983	94.9%	48,271
Not asked	NA	NA	3.3%	1,679	NA	NA
Enough help						
All/Most of the time	5.4%	2,747	0.4%	203	4.9%	2,492
Some of the time/Seldom	0.7%	356	0.0%	0	0.2%	102
Never	0.0%	0	0.0%	0	0.0%	0
Have no help	0.0%	0	0.0%	0	0.0%	0
Do not need help	93.9%	47,762	96.3%	48,983	94.9%	48,271
Not asked	NA	NA	3.3%	1,679	NA	NA

Service Awareness and Use

<i>Northeast Region</i>	Percent	Persons	<i>Northeast Region</i>	Percent	Persons
	100.0%	50,865		100.0%	50,865
Talk to about getting help with personal care (Q66)			Home-delivered meals available in community (Q68)		
Spouse	27.9%	14,191	Yes	79.0%	40,183
Child/Family	21.7%	11,038	No	9.7%	4,934
Physician	12.0%	6,104	Don't know/Refused	11.3%	5,748
Social service agency	8.8%	4,476	Need/Receiving home-delivered meals (Q69-Q70)		
Friend/Neighbor	2.5%	1,272	Need it & am not receiving it	0.9%	458
Other relative	2.0%	1,017	Need it & am receiving it	2.9%	1,475
Clergy/Minister/Priest/Rabbi	0.4%	203	Not need it but am receiving	6.3%	3,204
Other	9.8%	4,985	Do not need this service	89.9%	45,728
No one else, decide by myself	0.2%	102	Why not receiving home-delivered meals (Q71)		
Does not need assistance	2.1%	1,068	Don't like service provided	0.2%	102
Don't know/Refused	12.6%	6,409	Other	0.7%	356
Talk to about getting help with day-to-day activities (Q67)			Am receiving service	9.2%	4,680
Spouse	28.7%	14,598	Do not need service	89.9%	45,728
Child/Family	22.3%	11,343	Provide with enough meals (Q72)		
Social service agency	7.6%	3,866	Yes	2.7%	1,373
Physician	6.9%	3,510	No	0.2%	102
Other Relative	2.9%	1,475	Not receiving	0.9%	458
Friend/Neighbor	2.8%	1,424	Do not need service	96.2%	48,932
Clergy/Minister/Priest/Rabbi	0.2%	102	Concerned about having enough food (Q142)		
Other	9.6%	4,883	Yes	1.3%	661
No one else, decide by myself	1.8%	916	No	96.6%	49,136
Does not need assistance	2.9%	1,475	Don't know/Refused	2.0%	1,017
Don't know/Refused	14.3%	7,274			
Agency would contact about aging services in community (Q88)					
MO Division of Senior Services	16.8%	8,545			
MO Div of Family Services	12.5%	6,358			
Local Senior Center	10.7%	5,443			
Area Agency on Aging	8.1%	4,120			
MO Dept of Health	4.3%	2,187			
MO Dept of Mental Health	0.7%	356			
Other	9.4%	4,781			
Don't know	37.5%	19,074			
Aware of toll-free number for information and referral (Q89)					
Yes	24.5%	12,462			
No	72.2%	36,725			
Don't know	3.3%	1,679			

Data Tables

Service Awareness and Use

Percent Aware of, Receiving & Needing Home-Delivered Meals by Selected Demographics

Northeast Region	Aware	Receiving	Unmet Need
All	79.0%	9.2%	1.1%
Age			
60-74	76.5%	6.9%	0.0%
75+	83.7%	13.8%	3.3%
Average Age	72.0	74.7	83.8
Sex			
Male	77.6%	7.3%	1.1%
Female	79.9%	10.5%	1.3%
Race			
White	78.8%	9.0%	1.1%
Other	87.4%	18.1%	0.0%
Income			
< \$10,000	77.4%	6.0%	2.7%
\$10-\$24,999	77.4%	11.7%	2.5%
\$25,000+	80.9%	5.9%	0.0%
Don't know/Refused	79.3%	12.3%	0.0%
Living Arrangement			
Live alone	82.4%	14.8%	2.2%
Married	77.4%	6.9%	0.0%
Live with others	77.9%	5.9%	5.9%

Northeast Region	Percent	Persons
	100.0%	50,865
Senior center in community (Q73)		
Yes	78.9%	40,132
No	13.4%	6,816
Don't know/Refused	7.6%	3,866
Go to a Senior Center (Q74)		
Yes	24.8%	12,615
No	75.2%	38,250
Why not go to a Senior Center (Q75)		
Don't need services offered	22.6%	11,495
Not available	21.0%	10,682
Not interested in services	8.6%	4,374
Not convenient	5.7%	2,899
No transportation	1.3%	661
Not old enough to go	0.7%	356
Don't feel welcome/belong	0.5%	254
Services needed not offered	0.3%	153
Other	13.2%	6,714
Don't know	1.3%	661
I go to a Senior Center	24.8%	12,615

Percent Aware Of & Go To Senior Center by Selected Demographics

Northeast Region	Aware	Go To
ALL	78.9%	24.8%
Age		
60-74	77.3%	16.0%
75+	82.1%	42.3%
Average Age	71.6	75.2
Sex		
Male	76.5%	26.8%
Female	80.6%	21.8%
Race		
White	78.8%	24.8%
Other	84.7%	23.4%
Income		
< \$10,000	77.9%	19.5%
\$10-\$24,999	81.1%	33.0%
\$25,000+	78.8%	20.9%
Don't know/Refused	77.6%	24.3%
Living Arrangement		
Live alone	86.0%	37.3%
Married	76.3%	20.3%
Live with others	72.8%	12.6%

Service Awareness and Use

Northeast Region	Percent	Persons	Northeast Region	Percent	Persons
	100.0%	50,865		100.0%	50,865
Assistance filling out forms available in community (Q76)			How often lack of transportation a problem (Q80)		
Yes	52.1%	26,501	Always	1.1%	560
No	8.1%	4,120	Nearly always	1.4%	712
Don't know/Refused	39.8%	20,244	Sometimes	5.1%	2,594
Need/Receiving assistance with forms (Q77-Q78)			Seldom	5.6%	2,848
Need it & am not receiving it	1.7%	865	Never	86.8%	44,151
Need it & am receiving it	2.7%	1,373	How often need to use public transportation (Q81)		
Not need it but am receiving	3.8%	1,933	Always	0.2%	102
Do not need this service	43.2%	21,974	Nearly always	0.3%	153
Not asked	47.9%	24,364	Sometimes	1.9%	966
Why not receiving assistance with forms (Q79)			Seldom	4.2%	2,136
Cannot afford	0.2%	102	Never	93.4%	47,508
Other	1.5%	763	Public transportation system available (Q82)		
Receiving assistance with forms	6.6%	3,357	Yes	13.7%	6,969
Don't need service	43.2%	21,974	No	83.8%	42,625
Not asked	47.9%	24,364	Don't know	2.5%	1,272
Percent Receiving & Needing Assistance Filling Out Forms by Selected Demographics			Public transportation meet all transportation needs (Q83)		
Northeast Region	Avail-able	Receiving	Unmet Need		
ALL	52.1%	12.6%	3.3%	Yes	3.5%
Age				No	0.5%
60-74	51.9%	9.3%	3.5%	Don't use public transportation	96.0%
75+	53.0%	18.9%	3.0%	Why public transportation doesn't meet all needs (Q84)	
Average Age	71.4	75.6	70.9	Other	0.2%
Sex				Use public trans/meets needs	3.5%
Male	52.8%	7.5%	5.0%	Don't use public transportation	96.0%
Female	51.6%	16.1%	2.2%	Don't know/Refused	0.3%
Race					
White	51.7%	13.0%	3.4%		
Other	69.3%	0.0%	0.0%		
Income					
< \$10,000	65.5%	19.9%	2.0%		
\$10-\$24,999	51.0%	14.6%	0.0%		
\$25,000+	46.5%	5.2%	7.8%		
Don't know/Refused	51.0%	12.1%	3.2%		
Living Arrangement					
Live alone	56.3%	19.1%	1.3%		
Married	51.2%	9.6%	4.7%		
Live with others	42.9%	8.2%	0.0%		

Note: Percentages for **Receiving & Unmet Need** are based on those who were asked the question.

Data Tables

Service Awareness and Use

Percent For Whom Lack of Transportation is a Problem Always, Nearly Always or Sometimes by Selected Demographics

Northeast Region	Lack of transportation is a problem
ALL	7.6%
Age	
60-74	5.5%
75+	11.7%
Average Age	74.7
Sex	
Male	2.5%
Female	11.0%
Race	
White	6.9%
Other	39.7%
Income	
< \$10,000	11.9%
\$10-\$24,999	10.6%
\$25,000+	1.4%
Don't know/Refused	8.7%
Living Arrangement	
Live alone	15.4%
Married	3.3%
Live with others	11.5%

Northeast Region	Percent	Persons
	100.0%	50,865
Transportation service available where can call in advance (Q85)		
Yes	79.7%	40,539
No	9.4%	4,781
Don't know	10.9%	5,544
Transportation service meet all transportation needs (Q86)		
Yes	9.5%	4,832
No	0.5%	254
Don't use a service	90.0%	45,779
Why transportation service doesn't meet all needs (Q87)		
Day/Hour/Timing of service	0.2%	102
Other	0.2%	102
Use service & meets my needs	9.5%	4,832
Don't use service	90.0%	45,779
Need a daily check by someone (Q138-Q139)		
Need it & am not receiving it	0.5%	254
Need it & am receiving it	3.1%	1,577
Do not need this service	94.4%	48,017
Don't know/Refused	2.0%	1,017

Percent Receiving & Needing a Daily Check by Selected Demographics

Northeast Region	Receive	Unmet Need
ALL	3.1%	0.5%
Age		
60-74	0.9%	0.3%
75+	7.6%	3.7%
Average Age	79.8	77.5
Sex		
Male	1.7%	0.0%
Female	4.1%	0.8%
Race		
White	3.2%	0.5%
Other	0.0%	0.0%
Income		
< \$10,000	6.1%	1.3%
\$10-\$24,999	0.0%	0.0%
\$25,000+	0.8%	0.8%
Don't know/Refused	6.9%	0.0%
Living Arrangement		
Live alone	6.7%	1.5%
Married	1.8%	0.0%
Live with others	0.0%	0.0%

Health Care

Northeast Region	Percent	Persons	Northeast Region	Percent	Persons
	100.0%	50,865		100.0%	50,865
Health coverage use to pay for most of medical care (Q117-120)			Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicaid (Q122c)		
Medicare	77.8%	39,573	Yes	2.1%	1,068
Through your employer	10.3%	5,239	No	96.9%	49,288
Through someone else's employer	2.7%	1,373	Don't know/Refused	1.0%	509
A plan that you buy on your own	2.3%	1,170	Time during the last 12 months when needed to see a doctor but could not because doctor would not accept Medicare (Q122d)		
Medicaid or Medical Assistance	1.2%	610	Yes	1.9%	966
Some other source	0.5%	254	No	97.9%	49,797
Military, CHAMPUS, TriCare	0.0%	0	Don't know/Refused	0.2%	102
None	2.7%	1,373	Time during the last 12 months when needed to see a doctor but could not because of limited hours/days service is available (Q122e)		
Don't know/Refused	2.6%	1,322	Yes	5.8%	2,950
Time during the last 12 months when needed to see a doctor but could not because of the cost (Q121)			No	93.0%	47,304
Yes	7.2%	3,662	Don't know/Refused	1.2%	610
No	92.6%	47,101	Time during the last 12 months when needed to see a doctor but could not take time off work (Q122f)		
Don't know/Refused	0.2%	102	Yes	0.7%	356
Time during the last 12 months when needed to see a doctor but could not because of the lack of transportation (Q122a)			No	99.1%	50,407
Yes	2.8%	1,424	Don't know/Refused	0.2%	102
No	97.2%	49,441	Time during the last 12 months when needed to see a doctor but could not because of other reasons (Q122g)		
Time during the last 12 months when needed to see a doctor but could not because could not get an appointment (Q122b)			Yes	2.5%	1,272
Yes	5.8%	2,950	No	97.0%	49,339
No	94.2%	47,915	Don't know/Refused	0.4%	203

Health Care Coverage by Age Groups, Race and Income

Northeast Region	Medicare	Through Employer	Other	Have no coverage
ALL	77.8%	12.9%	4.0%	2.7%
Age				
60-74	67.1%	19.1%	6.0%	4.1%
75+	98.7%	0.7%	0.0%	0.0%
Race				
White	77.7%	13.0%	4.1%	2.8%
Other	78.4%	9.0%	0.0%	0.0%
Income				
< \$10,000	87.0%	2.7%	1.3%	7.4%
\$10,000+	74.4%	17.1%	6.8%	1.8%
Don't know/Refused	79.0%	10.8%	0.0%	1.7%

Data Tables

Social Support

Northeast Region	Percent	Persons
	100.0%	50,865
Talk on the telephone (Q132)		
Every day	59.8%	30,417
Several times a week	22.1%	11,241
Once a week	8.5%	4,324
Less than once a week	2.1%	1,068
Almost never	4.9%	2,492
Don't know/Refused	2.6%	1,322
Visit someone who does not live with you (Q133)		
Every day	22.6%	11,495
Several times a week	37.1%	18,871
Once a week	24.0%	12,208
Less than once a week	8.5%	4,324
Almost never	5.1%	2,594
Don't know/Refused	2.7%	1,373
Number of close friends who would help with emotional problems (Q134)		
None	6.6%	3,357
One	2.9%	1,475
Two	10.5%	5,341
Three or more	71.9%	36,572
Don't know/Refused	8.1%	4,120
Someone who would care for you (Q135)		
Yes	80.0%	40,692
No	11.5%	5,849
Don't know/Refused	8.5%	4,324
Length of time could provide care (Q136)		
No one to care for me	11.5%	5,849
As long as needed	52.0%	26,450
Only for a short time	14.8%	7,528
Only now and again	3.7%	1,882
Don't know/Refused	18.1%	9,207
Relationship to caregiver (Q137)		
No one to care for me	11.5%	5,849
Spouse	28.6%	14,547
Child	30.8%	15,666
Grandchild	0.5%	254
Other relative	4.7%	2,391
Friend/Neighbor	3.6%	1,831
Other	1.0%	509
Don't know/Refused	0.5%	254

Northeast Region	Percent	Persons
	100.0%	50,865
Other(s) in household limited by impairment/health problem (Q140)		
Yes	17.8%	9,054
No	50.3%	25,585
No others in household	30.0%	15,260
Don't know/Refused	1.9%	966
Caregiver for another person (Q141)		
Yes	8.7%	4,425
No	59.5%	30,265
No others in household	30.0%	15,260
Refused	1.8%	916
Preference if needed help at home (Q143)		
In-home service agency	36.9%	18,769
Find and hire by oneself	31.7%	16,124
Don't know/Refused	31.4%	15,972

Percent with No Possible Caregiver

Northeast Region	No Caregiver
ALL	11.5%
Age	
60-74	10.2%
75+	14.1%
Sex	
Male	11.2%
Female	11.7%
Race	
White	11.6%
Other	9.0%
Income	
Less than \$10,000	25.5%
\$10,000+	7.9%
Fair or Poor Health	
Yes	17.7%
No	7.9%
Functionally Limited	
Yes	14.4%
No	9.8%
Living Arrangement	
Live alone	18.0%
Married	7.1%
Live with others	22.9%

Social Support

Northeast Region	Percent	Persons	Northeast Region	Percent	Persons
	100.0%	50,865		100.0%	50,865
Own or rent (Q129)			Discriminated against because of age (Q145)		
Own	79.8%	40,590	Most of the time	1.3%	661
Rent	13.8%	7,019	Some of the time	1.7%	865
Other	3.7%	1,882	Seldom	4.6%	2,340
Don't know/Refused	2.8%	1,424	Never	89.1%	45,321
Type of housing (Q130)			Don't know/Refused	3.3%	1,679
House	82.4%	41,913	Discriminated against because of race (Q146)		
Apartment	4.1%	2,085	Most of the time	0.0%	0
Mobile home	4.5%	2,289	Some of the time	0.5%	254
Condo	0.3%	153	Seldom	0.8%	407
Duplex	1.3%	661	Never	95.6%	48,627
Retirement home	2.7%	1,373	Don't know/Refused	3.1%	1,577
Other	2.5%	1,272			
Refused	2.3%	1,170	Racial or ethnic discrimination prevented receipt of needed services (Q147)		
Time lived at current residence (Q131)			Yes	0.0%	0
1-5 months	2.0%	1,017	No	1.3%	661
6-11 months	1.0%	509	No discrimination	98.7%	50,204
12-23 months	2.3%	1,170			
2 or more years	92.9%	47,254	Know of elder abuse/neglect in community (Q148)		
Refused	1.8%	916	Yes	3.5%	1,780
Considering moving to a place where can get more help (Q144)			No	94.5%	48,067
Within the next six months	0.0%	0	Don't know/Refused	2.0%	1,017
Within one year	0.5%	254	Kind of abuse/neglect (Q149) (More than one response accepted)		
In one or two years	0.0%	0	Physical	1.0%	509
Sometime in the future	12.5%	6,358	Emotional	0.8%	407
Not considering moving at all	82.6%	42,014	Financial	2.5%	1,272
Don't know/Refused	4.5%	2,289	Do not know of any abuse	96.5%	49,085
Neighborhood safe from crime (Q128)			Aware of abuse/neglect hotline (Q90)		
Extremely safe	36.1%	18,362	Yes	38.7%	19,685
Quite safe	54.2%	27,569	No	59.1%	30,061
Slightly safe	4.1%	2,085	Don't know/Refused	2.2%	1,119
Not at all safe	1.5%	763			
Don't know/Refused	4.1%	2,085			

Missouri Information & Referral Network

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